ORAL HYGIENE

November
1932

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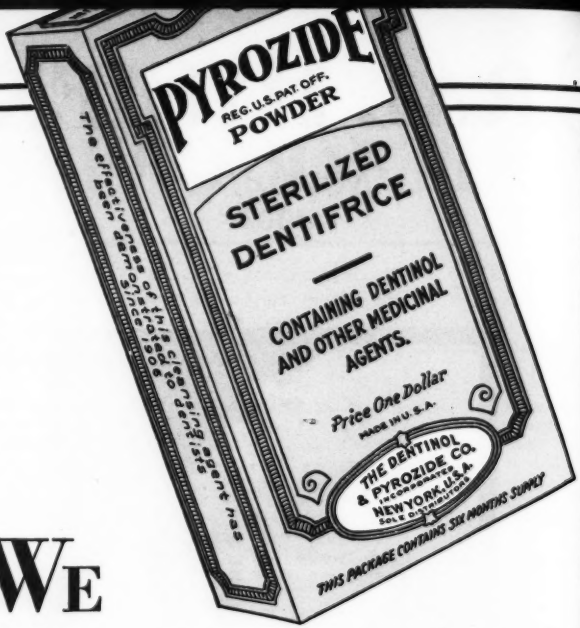

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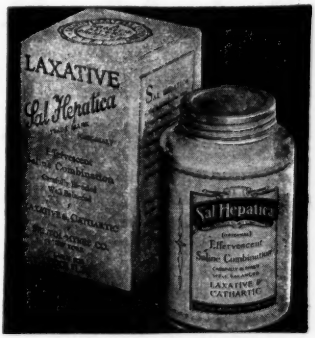

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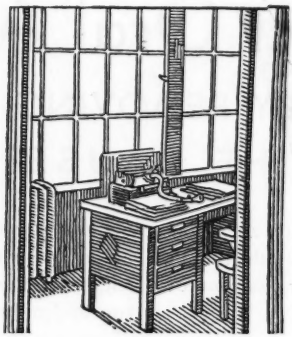


*No. 136**

CORNER

By MASS

Are Dental Patients Starting to Return?

IS there any improvement in dental practice? That is, of course, the first thought of dentists when they read of improved business conditions here and there throughout the country—when they hear of quickened activity in other fields.

What is happening in the thousands of dental offices across the land?

For quite a while nothing much had happened in far too many offices. But, each day, general business shows evidence of improvement—many signs that seem trustworthy — although we all scrutinize such things with a skepticism born of being fooled by pollyanna prophets.

Still, the false prophets having long ago been shown up, those economists still willing to prophesy are perhaps more cautious than ever before. Most of us appear willing to believe them when they say that general business is really on the mend.

But — dental practice — has the apparent upward trend of general business begun to be reflected in dental offices?

In the CORNER in September ORAL HYGIENE, I asked CORNER-customers to help me write an article on this question, and many are taking the trouble to do so.

I have had an opportunity to read and analyze reports based

*Corrected number

276 Co-Authors

276 dentist readers of the Corner collaborated in the preparation of this article about current conditions in typical dental practices throughout the country.

The majority had no improvement to report.

But 44% did write in detail of practice improvement. I am grateful for their aid, and for the assistance of Miss Mary Connally, Oral Hygiene staff-member, who helped organize the data.

on current conditions in 276 individual practices in 39 states.

Of this number, 21 of the reports are not clear. Of the rest, 131 report no improvement whatever. (some men resorting to profanity for emphasis) although a surprising number who are still as bad off as ever have volunteered the belief that improvement is imminent.

The remaining 124 reports, from men in 35 of the 39 states, tell of practice improvement.

Although all of the 21 obscure reports may not really be negative, I am adding them to the 131 negative reports making 152 negative against 124 definitely encouraging comments.

On this basis, 44.9 per cent of this widely distributed group of practices show improvement.

If this percentage could safely be applied to the entire profession we would all be warranted in throwing up our hats. But, of course, you can't apply it to the entire profession if you're after conservative information.

All that I personally am willing to extract from these reports is the belief that better business conditions have *begun* to be reflected in dental practice.

The wide geographical distribution of the dentists from whom I have heard, and the detailed nature of their comments, do, I believe, present trustworthy evidence.

Now then, as to CORNER-customers' comments. Every reader knows what those answering in

the negative will have said. We have all heard plenty of that for many long months!

But let's look at the replies from men who have *news* for us—news of practice improvement which had been observed in most cases before September 1.

"The usual summer slump in practice was not felt," says a dentist down in Arizona, who adds, "Merchants note an increase in buying in the non-necessity field and attribute this to the clearing up of back debts, allowing a broadening of the budget scope."

A 25 per cent increase in practice is reported by an Arkansas dentist—the next sheet in the pile—who says that business conditions in his community have shown decided improvement. "Everyone is more optimistic," he adds.

Although he has observed no general business improvement in his section, one California dentist says that his own practice has very definitely improved and that indications are that he will have done one and a half times more in September than in August, where improvement was shown.

Another California man remarks: "August of this year was a much better month than August of last year," and that he has a stack of unfinished examination blanks, representing cases at least tentatively planned by patients. Some of these patients have told him they are in better financial shape than for two years.

Improvement in another California city is noted by the next comment—reflected in the practice of a dentist who has had more patients "during the last 30 days than in the previous four months."

In the same city, a specialist confirms the local improvement in business which has already reached his practice. "I think dentistry is recovering more rapidly than medicine—although medicine is improving," he says.

A third dentist in this California city found an improvement in August, over July; commenting on general business, he reports fewer vacant stores —that his bank manager volunteered the information that more and more money is being transferred from safe deposit boxes to savings accounts.

A fourth dentist in this same city, in confirming local business improvement and reporting improvement in his practice says of definitely planned but deferred dentistry, "If the depression were over tomorrow the office wouldn't hold 'em all. But it will probably be a gradual, almost imperceptible process."

In a near-by California town, a dentist finds no very noticeable improvement in local business, but his practice is slightly better, with "a great deal of dentistry planned" by his patients not yet able to finance it.

From a town in the same part of California, one man, though noting only slight practice improvement, is beginning to re-

ceive payments on old accounts. He finds "general optimism" in his community.

A dentist writing from a California city some four hundred miles away from the section just reported finds an improvement in many lines of business in his territory, with "quite an improvement" in practice, though his collections are still lagging. Of cases planned but deferred he says that "some are starting this month (September) to have work done."

Still another Californian tells of better general business and that now "people seem to carry their shoulders up, and have more confidence in the future than was heretofore apparent."

August was his own best month for the year and, "People are paying more *cash* for what they get." His practice for 1930, 1931, and 1932 to date, averaged 40 per cent less than 1929. No wonder he is happy about August, his first month of better practice in many a long day!

Slightly better local conditions, and improved practice, are told of by another Californian, who says, "Most everyone expresses the opinion that we are on the upgrade."

"Patients are coming in of their own accord for work they could do without," says still another California dentist. "Yesterday a patient refused an amalgam filling and asked for gold and he has been talking poor for months!"

Over in a Colorado community, "a new government building and a new courthouse are helping to circulate money," some of which is already favorably affecting the practice of a reporting Coloradan, who, previously had been spending his spare time cleaning his office "from head to toe, to be prepared for the new business when Mr. Average Man gets the income."

Another dentist in the same state says local business is improved "although we have suffered a building and loan failure of fifteen millions in a city of fifty thousand," and that his practice has improved "due to new equipment and more specialized service." He reports "a great amount" of dentistry definitely planned by patients but deferred pending ability to pay.

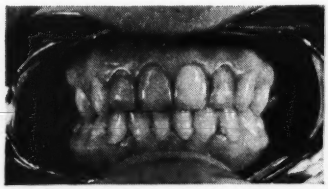
Still in the C's—a Connecticut dentist writes that he has not been touched by the depression at all! Maybe his report should be thrown out—maybe not. I think I'll ask him for the secret.

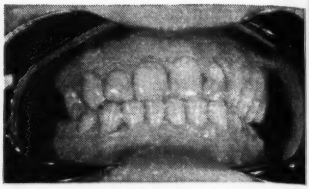
Some of the principal industries in a Georgia community having at last enjoyed price upping, a dentist there is able to answer with an unequivocal affirmative: his town's business and his own practice have at last improved.

Fourteen Illinois men sent encouraging comments. Coal mines opening after a five-month shut-down changed things in one man's community and patients are coming back for dentistry. Another, in the same

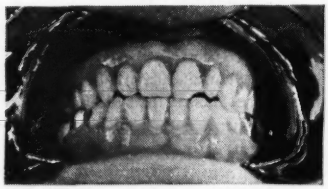
(Continued on page 2158)

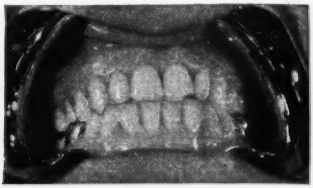
First Results o



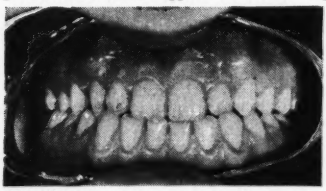


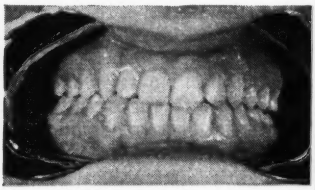
CASE A—The marginal gingivitis and hypertrophy of the lower anteriors, as originally presented, had reached such an involved stage as to cause the crests of the gingivæ to bleed upon merest pressure. At first check-up the gingival tone has improved with an elimination of the gingivitis throughout, leaving very little marginal thickening to be disposed of during the next few weeks of brushing.



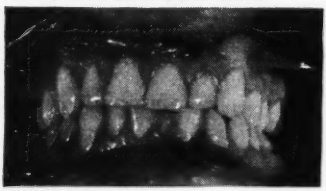


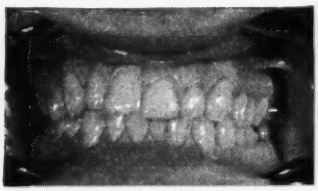
CASE B—Original venous hyperæmia in lower anteriors and upper right lateral has been entirely controlled. Note beautiful light tone of lower gingivæ, particularly marked change in gingival margins throughout. Deep involvement about left central is greatly improved and should disappear at next check-up.





CASE C—The marginal gingivitis as previously evidenced by a bluish-red discoloration has entirely disappeared and the patient was dismissed. The interproximal hypertrophy is no longer apparent and the gingival tissue is a translucent pink color showing up in marked contrast to the darker areolar mucosa.





CASE D—The improved tone of the gingival tissue is easily apparent. The hypertrophy of the lower anteriors is greatly reduced in extent and the thickened gingival margins of the upper anteriors have been reduced to nearly knife-edge thinness. Two or three weeks of brushing will, at the present rate, return the gums to normal condition.

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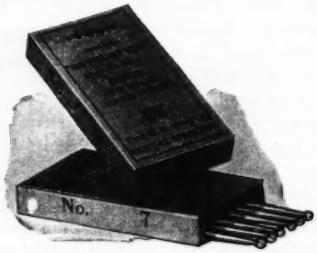

Revelation Burs at one stage of their manufacture are equal to the next best burs on the market, and that period is when the blades have been cut and the heads hardened. At this stage the blades are like a razor that has just been ground. They are sharp. So is the razor sharp, yet you would not use it until it is "honed," if you want a clean shave and a comfortable face. For a similar reason, therefore, we stone Revelation Burs.

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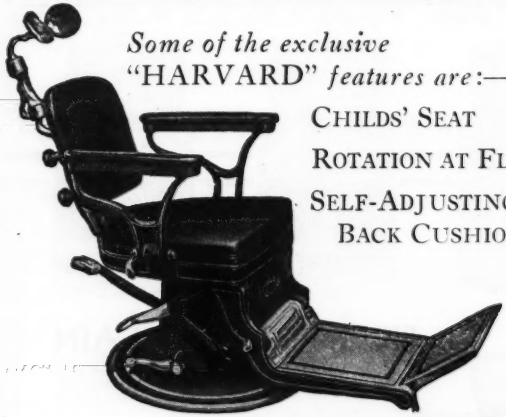

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ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D., *Editor*
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Twenty-second Year

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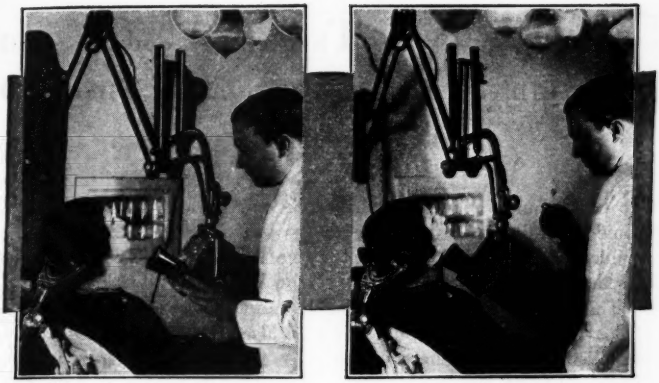

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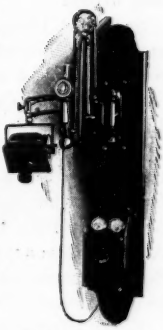

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A Journal for Dentists

"That reminds me—I left the water running in my unit."

Twenty-second Year **NOVEMBER, 1932** **Vol. 22, No. 11**

The BUFFALO Bulletin

THE seventy-fourth annual meeting of the A.D.A. convened at Buffalo, on September 12, and became a matter of history at five o'clock in the afternoon of September 16.

Singularly outstanding in the 1932 convention was a spirit of progressiveness and breadth of view, factors combining to lend a note of distinct encouragement to those interested in seeing the profession placed more securely upon both an ethical and an educational plane.

It becomes increasingly evident that, in the matter of housing the A.D.A. annual meeting, only a very few cities in the entire United States have ability adequate to the demands on such occasions.

In Buffalo, the space provided for the various needs of the organization was ample (in some cases ridiculously so), but these spaces were, more or less, extremely elsewhere, with the only practical means of intercommunication vested in that combined curse and convenience of modern life, the taxicab. Fortunately, rates were reasonable, and no serious lack of conveyances was to be noted.

However, with points of interest widely separated, the difficulty of maintaining attendance is greatly enhanced, and particularly does this apply when main features are remote from hotel and restaurant districts.

The health and scientific exhibits have probably never before constituted so large and meritorious a part of any meeting as they did at Buffalo. Comprising more than thirty distinct displays they presented an array of the most worth while information, and touched, to an unprecedented degree, on practically every angle of mouth and general health work.

Obviously, it is impossible to mention specifically each exhibit; nor can it be stated that one was superior to another. Certainly the world has come a long way in its appreciation of knowledge when moving pictures demonstrating the gruesome activities of the spirochete of syphilis as it rambles through the tissues in its devastating mission can be shown publicly, and when the extra-genital manifestations of this same dread disease can be openly illustrated. Graphic charts showing a terrible communicability were made matters of open and plain illustration. This is indeed heartening proof that intelligence is at last succeeding our one-time prudery.

The demonstrations of the cure of cancer put on by the

Arthur C. Wherry, D.D.S., President-Elect A.D.A.

New York Institute for the Control of Malignant Disease were nothing short of inspiring so far as the indisputable evidence produced in demonstrating the uses of radium emanation seeds for promptly and permanently curing many hitherto hopeless cases. Of particular interest to members of our profession is the statement of this Institute in regard to all cancers of the mouth and tongue: "We maintain that a mouth which is kept clean and free from all chronic irritations will *never* be-

come the seat of a cancerous lesion."

Almost unbelievable in extent of labor involved and fidelity to nature was the wonderful series of two hundred and fifty carvings, all the work of a single individual, illustrating many of the problems involved in the more difficult cases of tooth removal. Also of particular interest was the beautiful series of colored transparencies showing the rugged tooth development of the Esquimaux. The rapid dental deterioration of this people upon intermarriage with the white man and the adoption of his carbohydrate dietary was shown in a most convincing manner.

ATTENDANCE

The attendance was the largest attained by any A.D.A. convention for the last three or four years. There were 3,155 dentists registered, with a total attendance of 5,211.

The city of Buffalo is situated, fortunately, within the radius of a large dental population. This, together with the scenic attractions of the surrounding country, influenced the large attendance to a great extent.

While the scientific side of dentistry always occupies a most prominent place on the programs of these annual meetings, it was evident, even before the Buffalo meeting convened, that this session was destined to be one of the most important politically ever held. The economic condition of the dental profession, and the whole country in general, during the past three years impelled serious consideration of several weighty problems that have been hanging fire for the last two or three years.

THE FATE OF EDUCATIONAL PUBLICITY

Foremost, perhaps, among these problems was the question of the fate of Educational Publicity. There was an atmosphere of hushed expectancy hanging over the entire meeting until the legislative bodies had dealt with this issue. It was the pivot of discussion, both private and official, during the entire meeting.

But what of Educational Publicity? Was its fate really decided? Officially, yes; it was decided that all activities should be suspended for a period of one year, or until the next meeting of the A.D.A. in Chicago, during August, 1933.

However, the specter of the strict observance of parliamentary law is now haunting the passing of this resolution. Those who fostered the continuance of Educational Publicity claim that the action taken by the House of Delegates was contrary to the Constitutional and Administrative By-Laws of the American Dental Association.

It is contended that the House of Delegates first passed a resolution, introduced by the delegates from Missouri, ordering the continuation of the activities of the Publicity Committee, with the exception of paid advertising space in the press. Likewise a budget expense of

$15,000 for the continuance of Educational Publicity was passed by the House of Delegates.

Immediately after that the House of Delegates passed another resolution discontinuing the activities of the Educational Publicity Committee.

New business cannot be introduced on the last day of the meeting of the House of Delegates, and it is said that the latter came under that heading; so it is claimed that the whole action was unconstitutional.

The present status of the Educational Publicity Committee is, therefore, dependent upon legal opinion which will probably be called into consultation. The situation at present seems to be this: completed legislation calls for the continuance of certain educational publicity activities and the spending of an item of $15,000 by a phantom committee.

LEGISLATIVE MEASURES

There were many other important and interesting legislative measures taken at the meeting. Serious consideration was given to the inroads on private practice being made by groups outside the dental profession. A resolution was passed disapproving of the plans of the government to extend dental services to all veterans and their families, with the exception of veterans with psychopathic and tubercular disabilities.

Attention was also called to the activities of lay organizations contracting for and providing dental services through the medium of private practitioners, to whom the work is sublet. This condition is said to exist in the state of Oregon and elsewhere. It was pointed out that better organization and educational methods within the

American Academy of Restorative Dentistry

Officers of the American Dental Assistants' Association

profession are the best means of combating this evil.

Much credit should go to the legislative body of the American Dental Association, now known as the Committee on Legislation and Correlation, for its untiring activities in guarding the national welfare of the dental profession. Many of the important problems that confront the dental profession revolve around this committee and among its achievements during the past year might be mentioned its successful efforts in having precious metals exempted from taxation; its services in obtaining equal rights with the medical profession in the use and dispensing of alcohol and alcoholic liquors; its endeavors to obtain uniform State Narcotic Laws; its efforts to maintain the appropriation for research at the National Bureau of Standards, and many other important services.

Specification for the following dental materials were approved: amalgam, inlay casting investments, impression compounds, inlay wax, inlay casting golds, dental mercury, and dental wrought gold alloy wires.

One of the very interesting, and rather amusing, incidents of the meeting was the "whispering campaign" conducted against one of the essayists on the program. This speaker had previously been severely criticized by the Council on Dental Therapeutics and the official *Journal of the A.D.A.* carried several articles denouncing him

and the products he advocated. Yet he was officially invited to appear on the Buffalo program. Whether the whisperers succeeded in keeping many members from the meeting is doubtful.

NEW OFFICERS

The selection of Dr. Arthur C. Wherry, of Salt Lake City, as president-elect brings a man from the West to that position for the first time in ten years. In fact, Doctor Wherry is the second man from the West ever to hold this office. Doctor Wherry has been active in Association affairs for many years and has a very progressive and constructive outlook on dentistry's future. He has an engaging personality and youthful enthusiasm that should make him a most popular and successful leader for organized dentistry.

Other officers elected were: Dr. Griffith G. Pritchard, Buffalo, first vice president; Dr. Franklin B. Clemmer, Chicago, second vice president; Dr. Olin Kirkland, Montgomery, Alabama, third vice president; Dr. Harry B. Pinney, Chicago, secretary; and Dr. R. H. Volland, Iowa City, Iowa, treasurer.

Four new trustees were also elected: Dr. Marcus L. Ward, Ann Arbor, Michigan; Dr. Wilfred H. Robinson, Oakland, California; Dr. E. G. Meisel, Pittsburgh, Pennsylvania; and Dr. Harry Bear, Richmond, Virginia.

NEW A.D.A. GOLF CHAMPION

Dr. Fred D. Miller, of Altoona, Pennsylvania, who won the championship of the American Dental Golf Association, is shown above. Drs. G. T. Gregg, J. E. Harris, and Wm. Weichselbaum were tied for the runner-up position.

Dr. C. W. Carrick, of Oberlin, Ohio, won the ORAL HYGIENE *trophy for the low gross in the morning round of the Class A group.*

Players were unanimous in their approval of the excellent golfing privileges afforded by the Buffalo hosts.

A GREAT MEETING

Friendships, fellowships, contacts, enlarged horizons, renewed faith, rekindled enthusiasm; these are the *great imponderables* resulting from all gathings where a large body of men —all of whom are studying the same problems—are gathered for the purpose of participating in a few brief days of intensive casting up of those accounts in which all are so deeply interested.

Everyone, today, can be at once a witness and a creator in those changes which are on every hand.

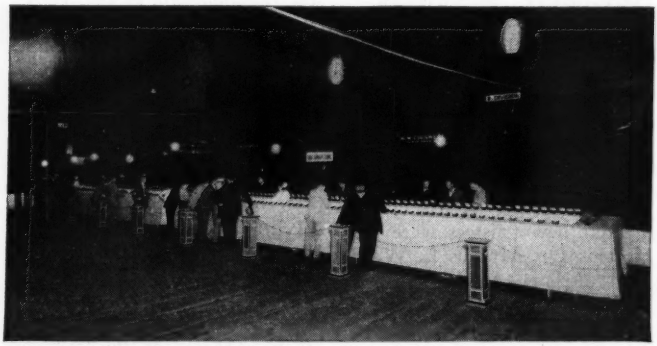
Each meeting of the A.D.A. is a wonderful event—the seventy-fourth in Buffalo takes its place in history as one in a long line of similar achievements; something worthily accomplished with both dash and dignity for the betterment of humanity and the advancement of knowledge on the part of a profession whose efforts to eradicate disease and disability are second to none.

No man can attend a meeting of the A.D.A. without being proud of his calling and of his privilege of association with those thousands of others whose work and services are like his own.

HERBERT E. PHILLIPS—IMPASSIONED CRUSADER

"SOMEHOW, MEANS MUST BE FOUND WITHIN OUR PROFESSION FOR PROVIDING A CLEAN, DEEP CHANNEL THROUGH WHICH AN ADEQUATE DENTAL SERVICE WILL FLOW TO ALL THE PEOPLE." Such was the stirring conclusion of one of the most important papers ever read before the A.D.A. The occasion will be remembered as marking a definite step in the development of dental service throughout the world.

Those of us who have been



Scientific exhibit of 250 anatomic models by Wilton W. Cogswell, D.D.S., F.A.C.D.

privileged to know Herb Phillips during the last quarter of a century are keenly conscious of the outstanding personal effort he has been making during all of that time actually to *do* what he is now so deeply interested in presenting to the attention of the entire dental profession.

The dice of fate unceremoniously flung Doctor Phillips, as a young professional man, into that strange maelstrom of life which has been known, both at home and abroad, as "back o' the yards" in Chicago.

Endowed with deep and uncompromising ideals of professional and social responsibility, a deep love for his fellow man, and a sense of justice and fair play as applied to all human contacts whatsoever, it fell to the lot of Herbert E. Phillips to wrestle continually with the enormous difficulties involved in bridging the terrific gaps which, in his practice, were continually occurring between large dental problems and limited earning capacity.

All of these things being so, it is highly probable that from no man in the United States can more be expected in the way of constructive advice and guidance in handling this problem of a larger and more adequate dental service, than from the first-hand experiences and keen analytical and coordinating ability of this eminent dental practitioner.

In due course the full text of Doctor Phillips' outstanding contribution to the annals of dental advancement, as made at the Buffalo meeting, will be published in columns other than those of ORAL HYGIENE. It would be manifestly unfair to undertake from memory a detailed and authoritative presentation of this masterly address which, on the occasion of its delivery, was heard by only three or four hundred people.

In spite of this fact, however, certain epigrammatic bits which will present the zestful flavor of the paper without in the least detracting from its interest when published in full may be safely given. Before doing this, however, it should be stated that, technically, Doctor Phillips was presenting the report of the Committee on Study of Dental Practice appointed by the A.D.A. at the suggestion of Secretary Wilbur.

The first half hour of this address was devoted to a careful analysis of the health insurance movement throughout the world, particularly in those countries of Europe where such efforts have been longest under development. The highest compliment which can be paid to this rather long and tedious presentation is to be found in the fact that not a single auditor left the room or permitted his attention to waver as this necessary foundation was carefully and logically assembled and built up.

"In no country where health insurance (either voluntary or compulsory) has been established, has the idea, or the practice,

been abandoned up to the present moment.

"The trend toward some form for a fixed payment plan which covers both medical and dental care is unmistakable, but, inherent in this tendency are many dangers which must be recognized, met, and overcome, before such practices can be of any great benefit to the public in the United States.

"At present the composite mind of our profession is tenanted only by complete bewilderment and confusion as it confronts this whole problem. This fact arises largely from the lamentable lack of emphasis given the subject by the leaders of dental opinion and the editor of the *Journal of the A.D.A.* At least two years have been lost in coming to close grips with this whole situation because of the tendency of such men to regard this matter in the light of a gaseous emanation proceeding from a few loosely organized minds, rather than on a basis of cold logic supported by present and actual facts.

"The insurance idea is a vital and constantly spreading tendency. To many, it offers a new hope for the attainment of a personal well being hitherto beyond the reach of millions of people; however, its dangers and proven shortcomings must be faced, minimized, and eliminated as far as possible.

"It has been proved again and again that commercially directed competition for fees inevitably spells the doom of true professional service. A comprehensive investigation in many places gives the hourly wage rate of dentists employed on a contract or fixed fee basis, under various insurance plans, as merging in the immediate vicinity of $1.25.

"Whether we like it or not, new conceptions of what the personal results of competent dental service can mean to the individual are rapidly gaining ground. Some form of health insurance seems, to a constantly increasing number of people, to offer the most promising method of turning these newly born hopes into a tangible reality.

"Can we stand coldly aloof and regard, as of no consequence, the ghastly fact that, at the present time, some 80 per cent of our total population is without any *adequate* dental service?

"From within our profession itself should come the clean-cut initiative and analysis which will vastly diminish the present cloud that this whole matter has cast on the fair name of dentistry.

"Somehow, means must be found within our profession for providing a clean deep channel through which an adequate dental service will flow to all the people."

There are those who say that the present is a sordid and commercial age, that high adventure and romance have fled in terror from the Molochs of modern efficiency and from the end-

less duplications of production turned out by our machines.

It is a pity that all who hold such a point of view cannot come under the spell of Herb Phillips, as, with clean-cut diction (which of itself would have made the preamble to the Constitution of the United States seem almost fresh and attractive) he launches into a setting forth of the importance of good dental service for *all* of our citizens.

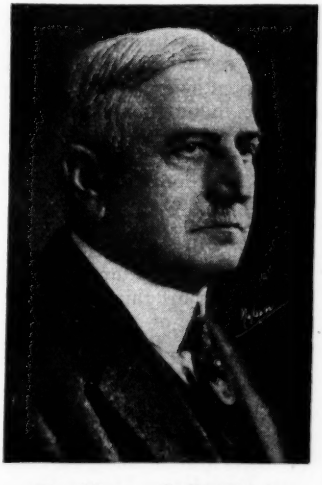
The crusaders of old who sought the Holy Grail were chasing a will o' the wisp which perhaps never had an existence outside their own fevered imaginations.

Men like Doctor Phillips joust against a monstrous foe. The lances of their logic are turned against the enemy of disease and needless human disability. With minds as clear and fine as any that the world has ever known, they ride forth in a headlong crusade which, until their coming, had been unable to recruit a knighthood of sufficient courage to engage in mortal combat with an antagonist so ancient and so well nigh invulnerable.

Romance is not dead—it is yet to be found on every hand. We are blind indeed if we fail entirely to catch something of a personal inspiration from the example of leaders like Herb Phillips—men who, having taken a clear and shuddering look at the surroundings into which Fate has cast them, do not close their eyes to shut out what they see. Such men take a deep breath, square their shoulders, and launch headlong into a life of almost inconceivably high adventure and worth while accomplishment.

HARVEY J. BURKHART—HUMANITARIAN

Of all men attending the Buffalo meeting, probably not one carried a greater or more compelling interest than the man



Dr. Harvey J. Burkhart

whose name stands at the head of these brief paragraphs. To the quiet competence and unquestionable ability of Dr. Harvey Burkhart has been committed the most gigantic program for the improvement of mouth conditions and the salvaging of human teeth ever to be under the supervision and administration

of any one individual since time began.

To those who have been privileged to visit the Eastman foundation in Rochester, New York—to sit and converse at ease with this great humanitarian—his choice for his present high position and the reasons for his remarkable success in the field to which he has been called are no mystery.

Shining out above all else in his admirably poised personality are his headlong love for his work and his unswerving purpose to see that the high ideals and intentions of its philanthropic founder, George Eastman, are met and carried out, so far as such ends can be attained in a human and work-a-day world.

The luncheon of the Dental Hygienists and Dental Assistants at which Doctor Burkhart spoke for some thirty-five minutes was one of the few functions at the Buffalo meeting which can be truthfully recorded as overcrowded. Those who heard his simple and straightforward setting forth of his experiences in establishing the Eastman Foundation Dental Clinic in Italy could not be other than deeply impressed with the heavy responsibility which all such undertakings inevitably carry.

In his reporting of various experiences in this connection, perhaps none was more vivid nor of greater interest to his audience than his relation of his contacts with Mussolini.

"I had three personal visits or interviews with Mussolini—*never* have I met a man who seemed more vividly alive to all matters in any way touching the health or the welfare of his people. At no time did he give me the impression that his time was limited, or that he wished me to conclude or hasten my departure. Unquestionably, he is one of the really great men of the world today. To have seen him and talked with him is a never-to-be-forgotten experience in the lifetime of any man."

Such in substance was the expression of one great man regarding the greatness of another. Judged by the sincerity of his devotion to the cause of humanity and the powerful impingement of the forces which he wields as valiantly—yet without ostentation—he strives to usher in a day of greater health and happiness for the common people of the world; few indeed are those who can stand on the same level or see eye to eye with Harvey Burkhart, of Rochester, New York.

Long may he continue as one of the great humanitarians whose life and services stand as a beacon and an inspiration to those of us who are humbly trying to do a personal bit in the self-same field of service in which it has been his high privilege to accomplish so much.

Two Men and an Office

In the entire membership of the A.D.A. there could hardly be found two men of "presidential" caliber as utterly different as the recently retiring Martin Dewey, and the present incum-

bent of the highest office in the gift of dentistry, Walter G. Dittmar.

Both men hold in common, unquestioned ability and integrity, long experience, and an unswerving devotion to all matters calculated to advance the cause of that profession in which they have served so long and so brilliantly. At this point all similarity ends, and the two become absolute opposites.

Had Martin Dewey been an Irish peasant, it is a safe bet that, first, he would have scoured the bogs for the best bit of blackthorn root to be found in that part of Ireland; this he would have lovingly fashioned into the finest shillalah ever seen in that neighborhood—*and then* —Oh boy! He would have gleefully hied himself to every fair in the parish, and the only heads which he would not have sought to break would have been those on the shoulders of the "b'ys" who stayed safely at home!

Martin Dewey is a contender; to obtain his ends peacefully is, to him, like being forced to eat food without salt. For the blackthorn stick he lays about him with the "Constitution and Administrative By-Laws," and clever indeed is the man who fails to be stopped by such a weapon when wielded by such a man.

Such being the nature of the man, the Buffalo meeting should have been a truly joyous frolic. Rarely has a House of Delegates endured a session where the air was continually electric with nervous tension, and an almost complete lack of harmony between the "Chair" and the "Floor."

Martin Dewey is, and no doubt always will be, a complete enigma to most of us. No one has, for a moment, ever questioned his ability, his honesty, or his high intentions with regard to the best interests of the public or the dental profession. Contention, however, has always seemed his preferred method of approach to the solution of any problem. The reason for this fact may be entirely clear in his own mind, but it certainly is a mystery to everyone else.

To all of these traits and attributes Walter Dittmar presents a complete antithesis. The motto of Doctor Dittmar's life might well be "smilin' through." Not in the least lacking courage, he would avoid contention by every possible means, yielding everything within reason (so long as the main point were not lost sight of) rather than have any dissention or trouble in attaining a goal.

Into the competent and experienced hands of one of the foremost of all active practitioners of dentistry in the United States is given the responsibility of conducting the great joint meeting in Chicago in August of 1933. Probably no man is better fitted to discharge fully such a trust.

BUFFALO DECISION *displeases* NEWSPAPERS

THE American Dental Association's decision to suspend advertising activity for at least a year is not viewed with favor by newspaper publishers, many of whom had evidently expected to receive lucrative space-orders. The newspaper man's bible, *Editor & Publisher,* reported the Buffalo decision at length, also commenting editorially. The news story follows:

DENTISTS ARE DIVIDED ON ADVERTISING

(Special to Editor & Publisher)

BUFFALO—American dentists aren't sure whether they will let down the century-old bars on advertising by members of their profession.

They pondered the question at great length at their Buffalo convention which ended last Saturday. And when they were all through they were just where they started.

Editor & Publisher learned that many men of high standing in the dental profession want the code of ethics changed to permit advertising. During the past year campaigns of "education" have been approved.

After long and sometimes heated debate the convention voted to decide in Chicago, where they will meet in August, 1933, what sort of advertising, if any, the profession will be allowed to do after that time.

No less an authority than Dr. Morris Fishbein of Chicago, editor of the *Journal of the American Medical Association,* was called in to advise the dentists as to what they ought to do. He spoke for an hour at one of the general sessions. Here are the conclusions he drew from many months of study:

First, medical and dental advertising which has new business as its goal, is likely to fail unless it carries a predominating note of fear, together with price appeal. Both these motives are frowned upon by the medical and dental codes of ethics, he said.

He cited the example of a Chicago clinic which, by newspaper advertising, in a few months boosted its daily number of patients from 75 to 1,800. It frightened the publice unduly in its copy, he said, and emphasized the bargains that were offered in medical service within its doors. The Chicago Medical Society demanded a change in the form of copy and almost immediately patronage dropped back to old levels, he said.

Second, Dr. Fishbein contended newspapers are doing an admirable job in health education along medical and dental lines. He said the leading syndicated columns afford excellent advice, whereas much of the radio health advice "is pure bunkum" he declared.

He was particularly severe in denouncing mouth washes which are extensively advertised by radio. Some of these, he told the dentists, "have all the antiseptic properties of a bathtub full of salt water and are priced like attar of roses."

"Your newspapers are policed, but you can't guard against what

comes over the air when you turn on the switch," Dr. Fishbein said.

Third, he said advertising which tends to educate the public on health topics is permissible, but that which tries to drive any one into a certain doctor's or dentist's office is entirely wrong, from an ethical standpoint. If it were permitted, the successful or wealthy doctors might soon obtain nearly all the business, he declared.

Several state and municipal associations of dentists which have been conducting advertising campaigns in newspapers will probably discontinue these until the matter is decided finally, it was indicated at the Buffalo meeting.

Editor & Publisher's editorial comment was as follows:

DENTAL ADVERTISING

Dr. Morris Fishbein, editor of the *Journal of the American Medical Association,* told a convention of American dentists at Buffalo recently that dental advertising is likely to fail unless it carries a predominant note of fear, together with price appeal, but he thought newspapers are doing an "admirable" work in health education along medical and dental lines, the leading syndicated columns affording excellent public service.

Dr. Fishbein, himself a newspaper syndicate health writer, said that advertising which tends to educate the public on health topics is permissible, but that which drives a patient into a certain doctor's office is "entirely wrong, from any ethical standpoint." Through it, successful doctors might get all of the business, he said.

As a result of the conference, it is reported, several state and municipal associations of dentists that have been conducting advertising campaigns in newspapers will probably discontinue until questions of ethics are further discussed.

Dr. Fishbein's advice to the dentists, if correctly reported, was a disservice to them and to the newspaper press. It is absurd to argue that valuable dental copy cannot be written without resort to the elements of fear or price appeal, though occasional honest warnings and fair price statements seem to us not out of the range of good practice. If the profession desires to educate the reading public in reference to health matters, thereby deriving a profit from a stimulated interest in proper care of the teeth, we would say that the right kind of advertising copy will achieve the result. It is far-fetched for Dr. Fishbein to contend that admirable health work can be done in editorial columns, but not in advertising columns. Where is the line drawn?

The newspapers deserve better consideration. They have voluntarily cleaned up their columns in recent years, taking a terrific loss to keep abreast of ethical standards in medical practice. By policing their service against all forms of quackery they today present a medium which the profession can appropriately recognize and support. The economic interest which lies behind dentistry should not be denied the advantages of advertising for such obscure reasons as those advanced at the Buffalo conference. Dentistry is a scientific service which should be put at the full disposal of the people. In the advertising age this calls for advertising.

COMPLETE FILE OF O. H.

Dr. W. I. Zyner, 312 Main Street, East Greenville, Pennsylvania, has a complete file of ORAL HYGIENE which he will sell to anyone interested in buying the magazines. Please write direct to Doctor Zyner.

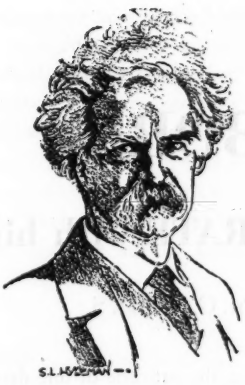
MARK TWAIN tells how to

CHOOSE a DENTIST*

PEOPLE who early learn the right way to choose a dentist have their reward. Professional superiority is not everything; it is only part. All dentists talk while they work. They have inherited this from their professional ancestors, the barbers. The dentist who talks well—other things being equal—is the one to choose. He tells anecdotes all the while and keeps his man so interested and entertained that he hardly notices the flight of time. For he not only tells anecdotes that are good in themselves, but he adds nice shadings to them with his instruments as he goes along, and now and then brings out effects which could not be produced with any other kind of tools at all. All the time that such a dentist as this is plowing down into a cavity with that spinning gouge which he works with a treadle, it is observable that he has found out where he has uncovered a nerve down in there, and that he only visits it at intervals, according to the needs of his anecdote, touching it lightly, very lightly and swiftly, now and then to brighten up some happy conceit in his tale and call a delicate electric attention to it; and all the while he is working gradually and steadily up toward his climax with veiled and consummate art—then at last the spindle stops whirling and thundering in the cavity, and you know that the grand surprise is imminent, now—is hanging in the very air. You can hear your heart beat as the dentist bends over you with his grip on the spindle and his voice diminished to a murmur. The suspense grows bigger—bigger—bigger—your breath stops—then your heart. Then with lightning suddenness the "nub" is sprung and the spindle drives into the raw nerve! The most brilliant surprises of the stage are pale and artificial compared with this.

It is believed by people generally—or at least by many—that the exquisitely sharp sensation which results from plunging the steel point into the raw nerve is pain, but I think that this is doubtful. It is so vivid and sudden that one has no time to examine properly into its character. It is probably impossible, with our human limita-

*Reprinted from *Europe and Elsewhere*, published by Harper & Brothers.



Mark Twain, of whom it has been said that if America created no other literary genius in a century its contribution to literature would be immortal.

tions, to determine with certainty whether a sensation of so high and perfect an order as that is pain or whether it is pleasure. Its location brings it under the disadvantage of a common prejudice; and so men mistake it for pain when they might perceive that it is the opposite of that if it were anywhere but in a tooth. I may be in error, but I have experimented with it a great deal and I am satisfied in my own mind that it is not pain. It is true that it always feels like pain, but that proves nothing—ice against a naked back always passes for fire. I have every confidence that I can eventually prove to everyone's satisfaction that a nerve-stab produces pleasure; and not only that, but the most exquisite pleasure, the most perfect felicity which we are capable of feeling. I would not ask more than to be remembered hereafter as the man who conferred this priceless benefaction upon his race.

BIBLIOGRAPHY ON ORAL HYGIENE THERAPY

The Special Committee of the Section on Stomatology of the Eleventh American Congress of Physical Therapy hereby enlists the cooperation of all dentists who have contributed to dental physical therpy—ultra-violet, diathermy infra-red, electrosurgery, etc.—to send in the titles and other information pertaining to their lectures, published papers, courses, etc., for incorporation in the final Committee report.

The report will include, besides the instruction in physical therapy given in the dental schools, courses offered by dental societies. Secretaries of dental societies will confer a favor by submitting the desirable information. The report will appear in the *Archives of Physical Therapy*, the official journal of the Congress.

ALFRED J. ASGIS, *Chairman*, Section on Stomatology,
American Congress of Physical Therapy,
310 W. 72nd Street, New York.

KNOW your NEIGHBOR; COOPERATE with him

By ARTHUR CORSO, PH. G., D. D. S.

DURING my years of practice I have had the opportunity of observing and learning many things; perhaps only a little about dentistry but a great deal about dentists and the failings of patients.

It would be unfair to say that the members of the dental profession as a whole are peculiar people. Nevertheless, I have often asked myself why so many of us are so unfair to each other —which really means why are we unfair to ourselves.

Imagination, envy, greed, and egoism are most often held responsible; and they do play their part effectively. They are what alter the attitude of one dentist toward another and make him dislike, ignore, or suspect his fellow.

However, the part played by inconsistent patients who are dissatisfied without reason is a factor that I believe many of us overlook.

It is my belief that undesirable patients—particularly those who seldom keep appointments and never pay their bills—in conjunction with the deplorable fact that we do not know our neighbors as well as we should are the major causes for that air of animosity and misunderstanding so abominably conspicuous among dentists.

Instead of being friendly and cooperating with our neighbor, we thumb our nose at him and cut his throat, if we can. We do this because we are not sensible; because we have not adhered to the code of ethics laid down before us by our teachers; we compete with him and haven't brains enough to realize that the wounds we inflict upon

Cooperation is the essence of progress. It creates and stimulates constructive initiative. It promotes good fellowship and understanding. It is the common ground upon which the foundations of progress and success safely stand.

ourselves are deeper and far more painful than those we inflict upon him.

If a case is too difficult or complicated for us to undertake, we send the patient as far away as possible, not because we question the ability of our neighbor, but because we fear that he may permanently take from us that patient and that patient's friends.

I have learned to treat with a pound of salt every complaint or remark made to me by a patient about another dentist. A patient will wear as long as comfortably possible an unpaid for, unfinished, and uncemented fixed bridge made by Doctor Jones, let us say. When trouble arises that patient will come to you with a string of yarns and grievances about Doctor Jones; you remove the bridge, perhaps find a decayed abutment, and dramatically exclaim, "What a mess!" and other harmful, undeserving, and uncomplimentary things about Doctor Jones, even though you do not know Doctor Jones and do not honestly believe he is at fault. You think an opportunity to sharpen and wield your razor of competition has again presented itself. If you were on friendly terms with Doctor Jones, and if you were willing to cooperate and be fair to everyone concerned, the thought of learning the facts *from Doctor Jones* would immediately occur to you.

The administration by laymen of large and bitter doses of injustice is made possible and effective only by the ramming rod of unfair competition, and by destructive criticism of our own making.

Cooperation is the essence of progress. It creates and stimulates constructive initiative. It promotes good fellowship and understanding. It is the common ground upon which the foundations of progress and success safely stand. Unfair competition and misrepresentation, particularly the festering, putrid kind the "advertiser" practices, destroy the confidence and faith

which the dental profession has striven to win, and which it justly merits.

Know your neighbor. Cooperate with him.

"There is an honor in business that is the fine gold of it; that reckons with every man justly; that loves light; that regards kindness and fairness more highly than goods or prices or profits. It becomes a man more than his furnishings or his house. It speaks for him in the heart of everyone. His friendships are serene and secure."

A. D. A. TO JOIN WITH CHICAGO CENTENNIAL DENTAL CONGRESS IN 1933

The 1933 meeting of the American Dental Association will be held in Chicago in conjunction with the Chicago Centennial Dental Congress. Announcement to this effect was made at the conclusion of the recent meeting in Buffalo. All the legislative and scientific sessions and the commercial exhibition will be held in the Stevens Hotel, August 6-12. These dates were chosen so that the sessions of the Congress would be held during a most delightful week of the Chicago Century of Progress Exposition.

When preliminary plans for A Century of Progress Exposition were being formulated the Chicago Dental Society received a request from Mr. Rufus Dawes, president of the Exposition, to arrange for a meeting of dentists in Chicago during the period of the Exposition. Mr. Dawes suggested that this meeting be international in scope and portray the progress in dentistry during the past one hundred years. This theme coincides with that of the Exposition, the purpose of which is to portray the advances made in all branches of human endeavor during the period of Chicago's existence, which will be one hundred years in 1933.

The Chicago Dental Society, in order to meet this request, decided to postpone its 1933 Annual Meeting, originally scheduled for January, and hold a meeting during the Exposition which would eclipse any dental meeting held up to that time. To carry out this broad purpose the Board of Directors of the Chicago Dental Society appointed a commission which ultimately developed the Chicago Centennial Dental Congress. The Congress now functions as a separate and independent unit.

Every member of organized dentistry throughout the world will want to attend and see and learn what his profession has done for the health and happiness of the human race. Make your plans now, distant as the date may seem, to participate in and enjoy the benefits of a dental gathering which will be a landmark in the annals of our profession.

ARTHUR D. BLACK, D.D.S., *President*
STANLEY D. TYLMAN, D.D.S., *Secretary*

An Amalgam Tragedy

By S. S. Haudenshield, D. D. S.

A DISCUSSION of amalgam as a filling material should not be misconstrued as an attempt to class this material with cast gold inlays or gold foil. While the superior merit of these materials is obvious, dentists are compelled to use amalgam for seventy per cent of all filling restorations because of the amount patients are able, or think themselves able, to pay.

If amalgam is used to fill several times as many cavities as all other materials combined, we should make more effort to maintain and improve the quality of amalgam service. We have neglected to study the material of which we know the least but use the most.

Over a period of several years the printed programs of each of two of our largest dental societies listed eight times as many clinics on inlays as on amalgam. If this is indicative of the interest given our most frequently used material, it is little wonder that amalgam service is so inferior to what it might be.

Since Dr. G. V. Black's work on amalgam, practically all of the amalgam progress has come from those interested commercially in the manufacture and sale of the material or appliances pertaining to its use. The manufacturer of an alloy in seeking his market must present his material, but, unfortunately, he cannot condemn the improper manipulation given that material by his customers.

During a discussion of a paper on amalgam a dentist told of seeing in the mouth of a new patient some exceptional amalgam fillings. He inquired of the patient who her former dentist had been. He wrote to the former dentist a flattering letter to inquire what alloy had been used for these excellent fillings. The reply to his letter was a surprising revelation: both dentists were using the same brand of alloy.

Why should two conscientious dentists using the same alloy get two widely different results as to the quality of their amalgam? Because their manipulations were different.

The sales efforts of alloy manufacturers, their necessary timidity of reflecting upon poor technique, the research of the U. S. Bureau of Standards on different brands of alloy, have all conspired to make us think too much in terms of materials. Good materials are essential; but superior amalgam restora-

tions are not guaranteed by the purchase of a high grade alloy.

How can we convert a high grade alloy into a superior amalgam restoration?

We cannot deliver strong, nonleaking, safe amalgam fillings without meeting the following requirements:

1. Proper cavity preparation.
2. Careful and proper use of matrix bands.
3. The use of a reputable, high grade alloy.
4. The use of chemically pure mercury.
5. Sufficient mixing of alloy and mercury to make the amalgam extremely plastic.
6. Thorough, tight, orderly packing within the cavity.
7. Final carving and polishing.

The most common cause of amalgam failures is to be found in steps 5 and 6 which cover sufficient mixing of alloy and mercury and proper packing.

To begin with, how much mercury should we mix with our alloy? Not less than enough! Can we use more than an accurately sufficient amount? Yes; see G. V. Black's *Operative Dentistry,* pages 318 and 319 (Vol. II, 2d edition) paragraph entitled, "Effects of Wringing out Mercury"; Dr. W. E. Harper's article, "Amalgam, Its Working Peculiarities and Its Operating Demands," in the *Journal of the A.D.A.,* for August, 1926; and "Metallographic Phenomena Observed in Amalgams," by Arthur W. Gray, Ph.D., in the *Journal of the National Dental Association,* June, 1919.

Other authoritative references might be given to convince one that sufficient mercury is essential and that an excess is not harmful in mixing an amalgam.

The proper union of our alloy with the mercury is not obtained by a rubbing together of the materials for a few minutes. Thorough trituration or grinding is required to produce complete amalgamation of every particle of alloy.

Let me emphasize in this paper that which I believe to be the most common cause of defective amalgam fillings: an error in our technique which has done the most harm to the reputation of amalgam as a filling material by preventing its adaptation to cavity walls.

While dentists have been spending a lot of time and money studying the treatment of wax patterns and the expansion of investment, and in changing from one appliance to another, or from one material to another, with the hope of making cast gold inlays of better fit, many have taken no interest in searching for a technique that produces fillings of amalgam that do fit.

Our fillings should be started with thoroughly mixed, extremely plastic amalgam from which the excess mercury is not removed except by the packing process within the cavity.

Dr. W. E. Harper has been a most enthusiastic advocate of forcibly packing extremely plas-

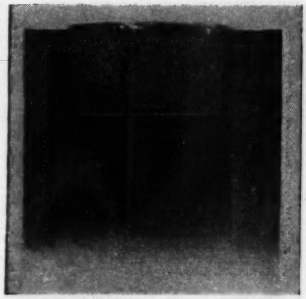


Fig. 1—A steel cavity containing a non-leaking proximal filling properly mixed and packed from extremely plastic amalgam. This filling was packed by the writer before the County Dental Society at Cumberland, Maryland, and immediately tested for leakage. It withstood a test of over twenty pounds air pressure. After more than four years the filling remains today free from leakage.

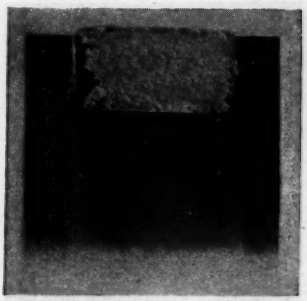


Fig. 2—An amalgam filling that leaks. The appearance is characteristic of those packed with amalgam from which the excess mercury is forcibly removed before it is placed into the cavity.

tic amalgam, placing as much if not more emphasis upon the plasticity of the mixed amalgam before it is placed within the cavity than upon any other phase of his technique.

Doctor Harper has appeared before many of our dental societies, but for those who have not been so fortunate as to hear and attend his clinic, it might be well to explain that he has made use of steel cavities to show the proper technique of making non-leaking amalgam fillings.

Those who attend his clinics are given an opportunity to pack proximo-occlusal fillings into these steel cavities, which are then tested under water with air pressure to determine whether or not they leak.

Several years ago I secured some of these cavities in behalf of the Dental Science Club of Pittsburgh, which at that time was making a study of amalgam.

At one meeting of the Dental Science Club an effort was made to determine to what extent fillings are liable to leak if the excess mercury is expressed from the amalgam before it is placed in the cavity to be packed.

The results obtained are not submitted with the thought that they are of any accurate scientific value to the general knowledge of amalgam, but they do indicate how difficult it is to insert non-leaking amalgam fill-

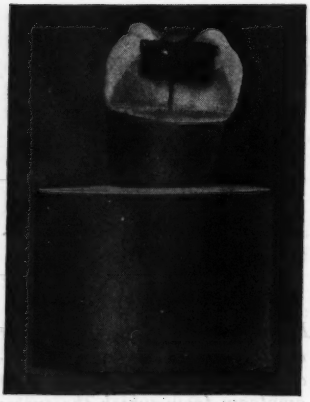


Fig. 3—An extracted tooth containing an amalgam filling, apparently so well adapted that it did not leak. It is almost impossible for the average operator to make such amalgam fillings using amalgam from which the excess mercury has been removed before packing into the cavity. Unfortunately since it was extracted, the tooth shown here has dried out and cracked severely, but the enamel and dentin are shown free from stain and discoloration.

Fig. 4—An extracted tooth showing what happened to a tooth containing an amalgam filling similar to the one in Fig. 2. Who knows but what this tooth was filled with the same quality of alloy that was used in the tooth shown in Fig. 3? The discoloration of tooth structure by silver salts was due to the leakage of the filling.

ings unless plastic amalgam is used.

Two lots of fillings were made by the members of the Dental Science Club. In each lot the same brands of mercury and alloy were used, in the ratio of eight parts (by weight) of mercury to five parts of alloy. Both lots were similarly packed by the same group of operators.

With the first lot the excess mercury was expressed from the amalgam before packing the fillings into the cavities, by squeezing between thumb and fingers. With the second lot no mercury was removed except by the packing process within the cavity.

These fillings were tested for leakage with air pressure, with the following results:

Those fillings from which mercury was expressed before packing within the cavity showed a leakage at an average of 1.68 pound air pressure; 70 per cent leaked below 3 pounds;

90 per cent below 5 pounds, and 100 per cent below 7 pounds.

Of those which were packed without removing excess mercury, except within the cavity, none leaked below 3 pounds, only 10 per cent below 5 pounds, and 20 per cent below 7 pounds air pressure.

These fillings were made by hand packing with the same materials, instruments, technique, and skill which these operators use in their endeavor to restore teeth. When operating within the mouth, it becomes more difficult to overcome lack of plasticity by increasing force or thoroughness of packing.

To what extent these nonleaking fillings packed from plastic amalgam remain free from leakage depends upon how well all excess mercury is removed by the packing of the amalgam into the cavity.

In spite of Doctor Harper's and other clinicians' efforts to show his amalgam technique, many conscientious and skillful operators are still following the mistaken belief that they should remove all possible mercury from the amalgam before packing.

A list of twenty questions on amalgam was submitted by the writer to two groups of dentists who were attending a meeting devoted entirely to the study of amalgam.

Two of the questions asked were:

Are you acquainted with the amalgam technique taught by Dr. W. E. Harper?

Are you careful to remove the excess mercury from amalgam before packing into the cavity?

More than half of the dentists answered the first of these two questions in the affirmative, and seven tenths of them answered the second question with yes.

The tragedy of such a situation! Seven tenths of the dentists in these two groups, above average members of a profession, claiming to follow carefully a technique that is hazardous to the successful use of this material. Yet half of these dentists claimed acquaintanceship with Doctor Harper's technique, which demands amalgam of adaptable plasticity.

COMING FEATURES

"The Man with a Thousand Teeth" by James L. Howard, D.D.S., the dentist who helped Lon Chaney solve the problems of make-up for his teeth for the difficult character rôles Mr. Chaney played.

"Conditions of Today" by Arthur G. Smith, D.M.D., F.A.C.D., the second in the series of articles about the excavations of the mounds near Lewiston, Illinois.

By
L. J. MORIARTY, D.D.S. *and*
KATHERINE CARPENTER
MORIARTY, B.A., B.S.

A Workable DIETARY TABLE*

SOME of the more common foods are grouped in Table 2 according to their place in the normal diet; the average helping; the approximate caloric value, and the vitamin content. The vitamin content is given arbitrarily in terms of units. Each unit of a given vitamin represents one thirtieth of the amount of that vitamin needed by the average person daily to furnish that accessory food factor needed to maintain normal health; therefore, any daily ration selected containing the caloric requirements for a given person and at the same time showing a total of thirty or more units of each vitamin will furnish the necessary food elements to maintain health and incidentally provide for healthy teeth and oral tissues. It is a singular fact that the foods that have high vitamin values also have large mineral ash content which is so necessary to build and maintain teeth and bones. If the diet is based on three meals a day, any well balanced individual meal should show one third of the daily total in each column given in Tables 2 and 3.

The average daily rations shown in Table 3 for a moderately active man consuming about 3,000 calories shows 10 or more of these arbitrary vitamin units in each of the three vitamins per meal or 30 or more units of each vitamin per day.

It is not imperative that each meal have at least 10 units of each vitamin so long as any deficiency of a vitamin in any one meal is made up in another meal that day; that is, the orange could be taken away from the breakfast which would leave a deficiency of 9 units of vitamin C in the balance of that one meal only, provided the orange is put back into the diet

*From *The Dental Digest.*

at noon to make up the deficiency. Almost any diet can be balanced so far as these three vitamins are concerned by the addition of cod liver oil, halibut liver oil, viosterol, spinach, yeast, tomatoes, or any one of several other foods rich in some particular vitamin, many of which are shown in Table 2.

What the daily intake of the various vitamins should be was arrived at only by animal experimentation. Rats, rabbits, and guinea pigs have been used largely in these experiments partly because of the absolute control of their diets which it is possible to maintain.

Rats are used largely for the study of rickets because (1) they are small; (2) they are omniverous, as is man; (3) their span of life is equal in one year to from 20 to 25 years of human life, in two years from 40 to 50 years of human life, and so on. The young can be weaned and put on an adult diet at 3 weeks of age. (4) Another important reason, contrary to common belief, is the fact that the rat requires a good and rich diet, not only equal to but better than the diet needed by man, and rats quickly show the consequences of a deficient diet.

It was found that a diet composed of 20 per cent of raw cabbage gives an ample supply of vitamins B and C to prevent the development of the particular diseases caused by a deficiency of these vitamins. A diet composed of 50 per cent raw cabbage is necessary to prevent a disease due to a deficiency of vitamin A. For example, a diet composed of 20 per cent raw cabbage will prevent the development of beri-beri which is due to a deficiency of vitamin B.

Two Americans, Stanton and Fraser, who studied the diets of the natives of the Philippine Islands found that rice polishings cured beri-beri. Other experiments proved that rice polishings contain only vitamin B in any appreciable amounts as this substance has little if any effect on other deficiency diseases. In like manner, many workers have proved the connection between vitamin deficiencies and other diseases, such as scurvy, rickets, polioneuritis, caries, and other manifested diseases and symptoms.

It would naturally be supposed that starvation or partial starvation would cause symptoms of one or another of the vitamin deficiency diseases; but oddly, this does not prove to be the case. No one of these deficiency diseases is caused by starvation or partial starvation so long as what rations there are, are kept in balance. This leads to the conclusion that there is a certain balance of vitamins needed in ratio to the amount of food needed or consumed. Exactly what this balance is and how it may be maintained requires additional investigation. We believe, however, from the work already done, that there must be 30 or more of each of these arbitrary vitamin units consumed daily to maintain health. These units are not any

TABLE 1—AVERAGE DAILY CALORIE NEEDS

MEN	Calories	WOMEN	Calories	CHILDREN (Ages)	Calories
Active muscular	3800	Active	2800	From 1 to 1½ years	1000
Moderately active	3000	Moderately active	2250	From 3 to 4 years	1300
Sedentary	2500	Sedentary	2000	From 5 to 7 years	1600
Fattening sedentary	3500	Reducing	1100	From 8 to 10 years	1900
Reducing	1500	Fattening	3000	Boys about 16 years	3000
Aged	1600	Nursing mother	3600	Girls about 16 years	2400
		Aged	1600		

TABLE 2—FOODS

PROTEIN FOODS:	Average Portion	Average Calories in Average Portion	Vitamin Content in Units of 1/30 of the Average Requirement		
			Vitamin A	Vitamin B	Vitamin C
Beef, lean	4 ounces	200	1	1	1
Pork, lean	4 ounces	300	1	1	1
Pork, fat	3 ounces	300	1	1	1
Pork, salt	2 ounces	400	—	—	—
Veal	4 ounces	150	1	1	1
Mutton	3 ounces	200	1	1	1
Chicken	4 ounces	125	1	1	1
Turkey	4 ounces	325	1	1	1
Canned Meats	3 ounces	200	—	—	—
Fish, fresh	6 ounces	100	2	1	—
Fish, canned	4 ounces	200	1	1	—
Fish, salt	4 ounces	200	—	—	—
Eggs	2 ounces	150	6	6	—
Beans, navy	5 ounces	200	3	6	*
Beans, lima	½ cup	125	2	4	*
Peas	½ cup	125	3	6	*
Cheese	1 ounce	110	1	1	—
Liver, raw	4 ounces	200	10	6	6
Brains	4 ounces	200	6	6	—
Sweetbreads (thymus)	4 ounces	150	2	1	—
Milk, whole, June	1 glass	100	6	2	2
Milk, whole, winter	1 glass	100	1	1	1
Milk, skimmed	1 glass	60	1	2	1
Milk, condensed	4 tablespoons	100	2	1	1
Milk, condensed, sweetened	4 tablespoons	200	2	1	1
STARCHY FOODS:					
Sugar, granulated	1 teaspoon	20	—	—	—
Bread, white	1 slice	50	—	—	—
Bread, whole wheat	1 slice	50	1	4	—
Bread, rye	1 slice	50	1	4	—
Bread, corn	2 ounces	200	2	2	—
Rice, polished	½ cup	70	—	—	—
Rice, unpolished	½ cup	70	—	2	—
Potatoes, white, baked	1 medium	150	2	6	2
Potatoes, mashed	½ cup	100	1	3	1
Potatoes, sweet	1 medium	200	2	2	—
Squash, mashed	½ cup	50	2	1	2
Turnips, creamed	½ cup	100	1	2	1
Beets, diced	½ cup	40	2	1	1
Rutabagas, mashed	½ cup	50	—	6	10

FATS:						
Cod liver oil	1	tablespoon	100	10	—	—
Butter, June	1	tablespoon	100	6	—	—
Butter, winter	1	tablespoon	100	1	—	—
Oleomargarine	1	tablespoon	100	1	—	—
Lard	1	tablespoon	100	—	—	—
Olive oil	1	tablespoon	100	1	—	—
Cream (June)	¼	cup	100	6	1	1
MISCELLANEOUS FOODS:						
Yeast	2	cakes	20	10	—	—
Mushrooms	10	medium	50	1	2	—
Honey	1	tablespoon	100	—	1	—
Sauerkraut	1	cup	25	—	—	*
FRESH VEGETABLES:						
Spinach	½	cup	20	10	8	10*
Celery	2	sticks	20	—	2	2*
Beet Tops	½	cup	20	1	1	10*
Dandelion greens	½	cup	20	1	1	10*
Endive, chopped	1	cup	10	1	1	10*
Lettuce	¼	head	10	2	2	5*
Rhubarb, sweetened	½	cup	100	—	1	6
Radish	6	medium	15	—	2	—
String beans	½	cup	25	2	1	*
Okra	½	cup	25	1	1	1
Green peas	½	cup	100	2	1	*
Carrots, raw	2	medium	50	6	6	2
Cabbage, fresh	1	cup	20	2	6	6
Chard	½	cup	40	2	2	4*
Cauliflower	½	cup	100	1	1	2
Onions, creamed	½	cup	100	1	2	2
Parsnips	½	cup	100	2	2	1
Corn, green	2	ears	100	2	2	2
Tomatoes, fresh	2	medium	60	10	6	10
Tomatoes, canned	1	cup	60	10	6	10
FRUITS AND NUTS:						
Oranges	1	large	100	1	2	10
Lemons	1		30	1	2	5
Grapefruit	½		100	1	2	6
Apples	1		100	—	2	2
Prunes	4		100	—	1	1
Pears	½	cup	100	—	1	1
Grapes	1	bunch	100	—	1	1
Plums	½	cup	100	1	1	1
Peaches	½	cup	100	1	1	1
Peaches, fresh	1		35	1	1	1
Banana	1		100	1	—	2
Cherries	½	cup	100	1	1	1
Almonds	From 12 to 15		100	1	1	—
Pecans	From 12 to 15		100	—	2	—
Walnuts	From 10 to 12		100	1	1	—
Peanuts	20, single		100	1	2	1

*All green leaves contain vitamin C in proportion to the green pigment.

definite measure or weight of a vitamin but represent simply the relative ratio of vitamins needed in a diet. For instance, a man on a moderately active working diet needs about 3,000 calories of energy per day. This is twice the amount the same man would consume on a reducing diet of 1,500 calories; but if the reduc-

TABLE 3—DAILY RATIONS*

FOODS BREAKFAST	*Average Portion*	*Calories*	*Vitamin A Units*	*Vitamin B Units*	*Vitamin C Units*
Oranges	1 large	100	1	2	10
Eggs	2	150	6	6	—
Toast (Whole Wheat)	2 slices	100	2	8	—
Butter	1 tablespoon	100	1	—	—
Milk (Whole Winter)	1 glass	100	1	1	1
Rice (Polished)	½ cup	70	—	—	—
Cream	¼ cup	100	6	1	1
Sugar	3 teaspoons	60	—	—	—
Coffee	1 cup	—	—	—	—
Breakfast Totals		780	17	18	12
NOON MEAL			Units A	Units B	Units C
Cold Ham	4 ounces	300	—	—	—
Canned Tomatoes	1 cup	60	10	6	10
Potatoes (Whole) baked	medium	150	2	6	2
Onions (Creamed)	½ cup	100	1	2	2
Bread (White)	2 slices	100	—	—	—
Butter	1 tablespoon	100	1	—	—
Luncheon Totals		810	14	14	14
EVENING MEAL			Units A	Units B	Units C
Beef Steak	8 ounces	400	1	1	1
Potatoes	1 cup	200	2	6	2
Beans (Lima)	½ cup	125	2	4	*
Cabbage (Raw)	1 cup	20	2	6	6
Cheese	1 ounce	110	1	1	—
Radishes	6	15	—	2	—
Bread (White)	2 slices	100	—	—	—
Butter	1 tablespoon	100	1	—	—
Plum Sauce	½ cup	100	1	1	1
Cake	1 piece	100	—	—	—
Cream	¼ cup	100	6	1	1
Sugar	1 teaspoon	20	—	—	—
Coffee	1 cup	—	—	—	—
Totals		1390	16	22	11
DAILY TOTALS		2980	47	54	37

*Daily requirements of average moderately active man: 3,000 calories.

ing diet contains just one half as much of each of the same foods on the same list the same ratio of the three vitamins to the calories of energy or fuel consumed daily will be maintained in a working balance to insure health. In other words, the same number of arbitrary vitamin units will be consumed although according to weight or measure only half as much food is consumed. The sizes of the units are reduced only in proportion to the reduction in caloric content of the diet.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
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DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

To Remove Compound from Trays

Place a small piece of pink base plate wax on the tray and hold the tray in a flame. The wax melts and unites with the compound, making it possible to wipe the mixture off with a cloth. Then polish the tray with very fine steel wool. I have some trays that have been in use for thirteen years that look as good as new.—L.D.

Cracks and Fissures in Corner of Mouth

Cracks and fissures which so often occur in the corners of the mouths of those patients who wear artificial dentures, and which seem so difficult to heal, are caused by the bite being too close. This forces the lips too close together and into a fold in the corners of the mouth. This causes the saliva to keep the lips constantly wet beyond the vermillion border, producing the cracks and fissures. Building the denture up and opening the bite to the natural position will eliminate the moisture in the corners of the mouth and the case will heal without further trouble.—T.A.L.

Removing Brown Stain

Q.—One of my patients, a young man twenty-four years of age, has a peculiar brownish stain on his teeth. It is impossible to remove this stain with the ordinary prophylaxis as it seems to be impregnated in the

tooth structure. The stain occurs about two or three millimeters from the gingival margin of the teeth. Is there any way in which these discolorations may be bleached or otherwise removed?—R.R.I.

A.—This is probably what was at one time called Colorado brown stain, but which occurs in certain areas all over the world. We have been successful in removing it with pyrozone which is a 25 per cent ethereal solution of hydrogen dioxide. It is necessary to adjust the rubber dam to the teeth to be treated. The pyrozone is applied on a pledget of cotton large enough to cover the affected area. If a hot spatula is then laid on the cotton, the action of the pyrozone is accentuated. About three applications can be made at one sitting. Three sittings will usually suffice to clear away the stain. An interval of a few days should occur between the sittings.—GEORGE R. WARNER

A Puzzling Case

Q.—A patient of mine, a woman about thirty-five years of age, has suffered from an unknown malady of the mouth for a number of years and has sought relief from many physicians and dentists without avail.

The gingival edges of the gums between and around her teeth, mostly the upper anteriors, "seem to be veritable nerve endings" (patient's language) and without cause, seemingly, produce an ache or pain that at times is almost unbearable. The gum tissue is normal; even at the period of severe pain the tissue is normal in appearance. Her mouth is unusually well kept, and there is little or no recession. *X*-ray examination shows no infection.

Medicaments locally applied do no good. Temporary relief is given after use of the quartz mercury lamp. The reaction to this treatment, however, is as severe as the pain.

The case is odd; at least, the many from whom she has sought relief tell her this. Can some one produce a diagnosis and treatment for us?—A.H.F.

A.—This case makes one think of the possibility of pressure on the nerve supplying these teeth, or upon some part of the fifth nerve, which might cause this hyperesthesia of these nerve endings, reflexly. Naturally, one would think of trouble in the maxillary sinuses, impaction of third molars or some other teeth, ossification of some one of the canals through which some branch of the fifth nerve passes, pressure by a tumor in some part of the fifth nerve, or some anatomical abnormality which causes pressure, direct or indirect.

If some of our readers can offer help on this case, we shall be very grateful.—GEORGE R. WARNER

A Topical Anesthetic

For the painless removal of a vital pulp the following pre-

scription will anesthetize the pulp in ten minutes.

Cocain Crystals
Phenol Crystals } aa Gr.X
Menthol Crystals

M. Sig.:—Apply to pulp and use pressure under wax or soft vulcanite rubber.—T.A.L.

The Effect of Sulphur on the Teeth

Q.—Can you tell me what effect sulphur baths have on the teeth and on the mucosa?

A woman, aged 45, who has been under my care for the last nine years has had no serious trouble with her mouth until last summer when she took sulphur baths for the relief of a rheumatic condition of her right leg. The leg condition improved, but a short time later the upper right first molar became extremely sensitive to touch and the tissue surrounding the tooth very much inflamed. X-ray examination did not disclose any infection.

As the pain was very severe, the dentist she went to extracted the tooth. (I was out of town at that time.) The extraction relieved the pain. Two weeks later the same condition developed with the lower right first molar, which was also extracted.

When I returned to my office, the patient presented herself, gave me the history of the case, and said that the same condition was developing on the opposite side around the left upper first molar.

Although the pain was severe, I refused to extract (since the x-ray was negative) and treated this as a pyorrhetic tooth, thus controlling the pain and relieving the inflammation of the soft tissue.

So far the condition has not recurred; but the patient has asked me about the advisability of again taking the sulphur bath treatment and I am at a loss as to what to advise her.

I am of the opinion that her mouth condition was possibly due to too much sulphur absorption and a possible idiosyncrasy to sulphur.—N.S.

A.—I can find very little in English medical literature on the effect of the absorption of sulphur. There is an article in the *Archives of Dermatology and Syphilology,* Vol. 29, 1929, entitled "The Absorption of Sulphur Compound during Treatment with Sulphur Baths." They find that considerable sulphur was absorbed in the blood, but the final results were unknown. They plan to do further research work on this subject.

One German authority describes the treatment of a number of babies for scabies with a 10 per cent sulphur salve in which the final result was death. At necropsy they showed colitis and fatty degeneration of the liver. After experimentation on animals it was decided that death resulted because too large an absorbing surface, in comparison with the body's weight,

had been treated with the sulphur.

The mouth condition of your patient may, therefore, have been due to the absorption of sulphur or sulphur compound; or it may have been a case of periodontoclasia.—GEORGE R. WARNER

Hypoplastic Enamel

Q.—One of my patients, a boy ten years old, appears to be in normal health except for his teeth. His first molars and incisors have erupted but they are badly decalcified; that is, they seem to be eaten away, or eroded. There is very little enamel on the teeth. He has not had rickets. He eats plenty of cooked and fresh vegetables, fruit, cereals, milk and eggs, and he has had cod liver oil for years.

Can anything be done in this case either through diet or mechanical dentistry?—W.J.C.

A.—This seems to be a case of hypoplastic enamel and, of course, there is nothing to be done about this now except by artificial restoration. If there is decay on the incisors, it can be well repaired at this time with silicate cement. When the boy is perhaps twenty-five years old he should have porcelain jacket crown work done.

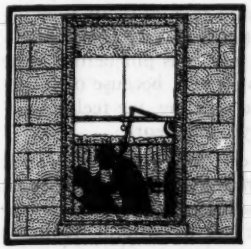
The amount of deficiency of the molars would determine what should be done in the way of repair. Sometimes amalgam fillings or gold inlays will answer and sometimes jacket gold crowns have to be made.—GEORGE R. WARNER

Indirect Inlay Impressions

Q.—In indirect inlay work I have difficulty in getting a good impression in compound of an anterior tooth, when the impression must be drawn lingually. I make most of these inlays direct, but occasionally it is better to use the indirect method. Since I cannot use a copper band, the compound spreads out over the labial and fills the interproximal space. I always trim away the excess compound, so the pattern will draw, but it is often distorted. What can I do to improve my technique?—E.R.V.

A.—I suggest that you use a thin steel strip as a matrix. Hold it against the gingival with a wedge between the teeth, bend it across the labial surface of the tooth to be filled, and hold it firmly in contact with the tooth with thumb or finger. On the lingual, bend it away from the tooth to be filled and insert the softened end of a wedge- or cone-shaped piece of compound with the base hard so that will act as a plunger in compressing the soft compound against the cavity and matrix walls. This is also a very proper way to make wax models in this type of cavity.—V. C. SMEDLEY

OFFICE SILHOUETTES



NOTE: These brief pen pictures will be exactly what their title states. Sometimes, actual names will be used; at other times, for obvious reasons, fictitious names will be used; or names will be omitted entirely. In no case, however, will any liberties be taken with *facts;* they will always be *exactly as stated.*

Sanity versus Salesmanship

THE woman was somewhere in her early thirties, her attire denoted good taste and a liberal outlay of money, the address given was in one of the best residential sections of the city, her husband was announced as the newly arrived local manager of a merchandising organization of national importance; and, yet, when the doctor looked in her mouth, how completely the picture changed! The old, flat, amalgam pancakes with the full efficiency débris retainers at all gingival borders wherever an *approximal restoration* had been needed, an almost complete loss of real chewing efficiency, a general engorgement and turgidity consequent upon the poor contacts and the roughnesses already noted—such were the revelations of a brief glance.

Involuntarily the doctor sighed as he laid down the mouth mirror and searched a moment for words with which to make a beginning on the necessary explanation.

"Is the condition of my mouth so terrible?" asked the woman. The doctor paused a moment before replying.

"I doubt if terrible is really the right word to use," he said. "I should prefer to call it just *pathetic,* for it is the *pathos* of the whole situation which impresses me most when I see cases like yours. Here you have been doing *your* part practically all your life. Ever since you were a schoolgirl you have been going at frequent intervals to see your dentist. Yet there really isn't a single piece of dental work in your mouth that would receive a passing grade

in any dental school in the United States. Even one such case is entirely needless in this day of enlightened tooth salvation. And yet, there are literally tens of thousands of such cases in this country which is justly credited with being the fountain head of good dentistry for the whole world."

"I was afraid it was pretty bad, and I've had lots of teeth filled two or three times. They seem to be sort of soft, you know—don't hold the fillings very well. At least, that's what the dentists always said when their fillings came out. I suppose I need a lot of x-rays to find out about all sorts of—I forget the names of the troubles they—the x-rays, I mean—tell you about. I've been told, I mean I've heard, that nobody is safe in having *any* dental work done without a full mouth x-ray."

Instantly the doctor detected the familiar trail of the modern, high-powered "salesman" of dentistry, a salesmanship which has been spun up to dizzy heights chiefly upon a foundation of fear and ignorance in the mind of the patient, but cleverly covered with a finishing coat of scientific half truth so that the whole looks to the uninitiated like the genuine edifice of high class professional service.

Very carefully the doctor weighed his words as he slowly replied: "Modern life is extremely complicated; many of us become needlessly frightened and panicky because of all this complexity; and in our fright and panic we neglect entirely to analyze properly the problems which confront us; we prefer rather to take without thinking almost any advice, particularly if the advice is put before us by someone who, because of his intensive training, we feel is thoroughly competent.

"Now, it is absolutely true that nobody can know all that it is possible to know about any set of teeth without taking a full set of x-ray films wherever it is, for any reason, necessary to go exhaustively into the exact physical condition of *any* patient. A full set of dental x-ray films should invariably be taken in order that no possible source of trouble may be overlooked. However, when teeth are practically above suspicion so far as any reasonable probability of 'dead' pulps, absent or unerupted teeth are concerned, then the matter of a *full mouth* x-ray examination may safely be dispensed with.

"Perhaps I can give you a sort of bird's eye view of this whole matter by asking you just how you would feel if, on going to a physician in order to have him prescribe for the relief of a common head cold, he should start in and give you a fearsome talk on the fact that no physician could treat any patient for even a common cold unless that patient first submitted to a complete physical examination which must include not only x-rays of teeth and chest, but also a blood

count, basal metabolism, and Wasserman test.

"From the ultra-scientific standpoint the physician who insists on doing all of these things to every patient who comes into his office is *right.* There isn't a particle of doubt about that fact. The only trouble is that any physician who started in to treat every patient in just that ultra-scientific manner would soon have exactly no patients at all coming into his office, and would presently be forced to get a job as an investigator in the field of pure scientific research with one of the big foundations established for just such purposes. If he did not do this, he would starve to death.

"Now, coming back to this problem of your teeth, there are three or four regions where I must insist that you allow me to take x-rays before passing on the condition of the teeth. Then I can tell whether or not they are safe things to have in your mouth as worth while foundations for any *real dental restoration.* Several of these old amalgam fillings are plainly failing —just as you say they have often failed in the past. I will replace those fillings at once with properly made gold inlays.

"Gradually, over perhaps a rather long period of years, most of the other amalgam fillings will quite probably fail. You will be coming in from time to time to have your dental troubles cared for, and, as these failures occur in the future you will, by that time, fully see the advisability of abandoning the use of amalgam entirely where the cavity involves any chewing or grinding tooth surfaces—as the majority of your cavities do.

"I'm not insisting on the removal of *all* the amalgam in your mouth immediately, though there again such a procedure would be definitely indicated if your problem were being considered on an ideal scientific basis—but, somehow, life usually presents us with problems which are almost never solvable on an ideal or truly scientific basis.

"The cost of making a real beginning on a new program of what I like to call tooth restoration will be kept as low as possible. We won't wreck anything *just for the sake of doing it over.* Anything which can be permitted to stay and give service, if not a detriment to you in any way, will be permitted to remain. The really *big* thing in your case is to *get you started* toward a condition of mouth comfort, health, and cleanliness which for some time you have forgotten all about, and to make this demonstration in your mouth at as small an outlay of money and effort as possible.

"After a showing has been made on those teeth which are now in *actual need of attention,* the vastly higher quality and comfort of well made gold inlays will fully convince you as to where your interest lies whenever it becomes necessary to do over any *more* of the old fillings. I prefer to let my fingers be my salesman, rather than my tongue, whenever pos-

sible," said the doctor as a sort of after-thought.

"That sounds so very reasonable, Doctor. I should like to have you begin on the teeth which *do* need attention as soon as you can. You know, I really have a very trusting nature, but when they insisted on taking pictures of teeth which had never had *anything* the matter with them, and wanting to take out every single filling—well, it somehow just didn't seem reasonable. Thank you so much for taking the time to explain things to me."

The necessary x-rays were taken, the defective amalgam fillings replaced with well carved *anatomical tooth restorations,* the rather modest bill was presented and paid, and the woman happily started on a straight and definite road to complete mouth health and tooth salvation.

No, the doctor didn't make as much money as he would have done had he taken the full mouth x-ray and removed a lot more of the unscientific amalgam fillings, but a definite beginning of a day of better health conditions had been made for a patient who, because of poor work on the one hand and overselling on the other, was in a position of extreme difficulty so far as the matter of initial approach was concerned.

Salesmanship is needed in every walk of life. (We are all of us salesmen to a certain extent even in the way in which we walk down the street, and the sooner we all realize some of these facts, the better for us.) But often salesmanship is first and best effected by sanity in the matter of advice, and service in the way of a modest, sincere, and well-directed effort.

—*Arthur G. Smith*

NEW SOCIETY

The American Association for the Advancement of Oral Diagnosis was organized at the Buffalo meeting. Officers elected were Dr. Orville S. Long, of New York, president; Dr. R. Gordon McLean, of Toronto, vice president; Dr. Daniel E. Ziskin, of New York, secretary-treasurer. Six men beside the officers were elected to form an Executive Committee. These were: Dr. Sterling V. Mead, of Washington; Dr. William B. Ryder, of San Francisco; Dr. Harold J. Leonard, of New York; Dr. Frank A. Cushman, of Boston; Dr. J. L. T. Appleton Jr., and Dr. Thomas J. Cook, of Philadelphia.

The purpose of the Association is the dissemination of knowledge and the development of interest in oral diagnosis among the dental and medical professions. Interested persons not on the mailing list are invited to apply for membership to the secretary, Dr. Daniel E. Ziskin, 630 West 168th Street, New York, N. Y.

Tempus FUGIT

Twenty years ago this month.

FREE CLINICS

A twenty-year-old opinion on the subject of free clinics is interesting, in view of the discussion one hears on this topic today:

"Let us consider the question of free clinics. Free clinics for all who are unable to pay for dental services are, of course, the goal for which we are working. All this educative work is being done with that one object in view. A few of us sincerely believe that the increase in efficiency due to better health, and the saving on public dispensary and hospital aid would be more than enough to offset the expense of the clinics, and that free clinics would be an economic measure in truth. No sane person will question its sociologic value.

"But there are only a few of us as yet who believe it is to be a true economic measure and until we can bring many others to that way of thinking, free public clinics will remain an unaccomplished achievement. But suppose, just for argument, that free public clinics had been decided upon and the plants installed. Where would you get the dentists to man them—or woman them, either?

"Statistics show that an average of two thousand dentists go out of practice in the United States each year. Some die, some go into other lines of work, and a few, a very few, retire. A year ago this spring there were 1,701 students graduated from all the dental colleges in the United States and two hundred or more of these did not take a state board examination and qualify for practice.

"The colleges are not graduating enough men right now to fill the ranks because of those who drop out, to say nothing of caring for a constant increase in population and an equally steady increase in the percentage of those who seek dental services. It would take many years to train enough men to handle free clinics for the poor and it is perhaps just as well that the facing of that contingency is remote."

The author of this article, the late Dr. George Edwin Hunt, would marvel at the progress that has been made in this direction if he were alive today. Yes, dentistry is accomplishing some of its objectives.

The UNTRAINED SALESMAN*

By GEORGE WOOD CLAPP, D. D. S.

CONTRAST the training of the manager of an individual grocery store in one of the great chains of stores with the preparation of a dentist for the business of practicing dentistry.

A man is rarely hired as a store manager and allowed to demonstrate his fitness by his work in that position. He is hired as one of hundreds of clerks. If he is inexperienced, he spends from five to ten years in the organization. If he is experienced and with a good record, he may spend a minimum of three years with some chains. During this time, in either case, he is trained and scrutinized. If he demonstrates managerial ability, he eventually gets a store. There is no deviation from this program in spite of the fact that the need for managers in some chains is so great that as high as $30,000 a year is spent in advertising to attract men of suitable capacity.

LIMITED RESPONSIBILITY

Note the tasks for which the manager, even thus carefully trained and selected, is *not* responsible: the location, equipment and stocking of the store, the purchase and sales prices of the stock (with exceptions), the general policy as to cash or credit, and the advertising. He is responsible for the attractiveness of the service given by the store as a means of increasing business, for the upkeep of stock, and for the collection and transmission of the money from sales.

The store manager's remuneration is usually a salary plus commission on the sales of the store. It may run from $40 to $75 per week. He has been paid from the beginning of his service, and he is not required to live in a manner befitting a professional man. He probably has no cash investment in the store.

THE DENTIST'S TRAINING

The preparation of the dentist, from the very beginning, is in strong contrast with this careful course of training which commercial necessity has forced upon the chain store owners, and which has justified itself by results. Without tested knowledge of his fitness to succeed in a combination of a business and a profession in which success will make heavier demands on

*This is the third of a series of articles dealing with salesmanship in dentistry. The fourth will appear next month. A summary of the previous articles will be found at the end of this one.

The young dentist's appeal must be personal, and his success will depend upon his skill as a salesman first of himself and then of his service, without any assertion of superiority over other dentists.

his business ability than will a business alone, he decides at the close of his high school course that he will study dentistry and spends two or three preparatory years in college. Without actual experience, and with only slight additional knowledge of business principles and procedure, he spends three or four years in dental college and emerges with a degree. He is fortunate if these years have cost him less than $10,000 in cash and in a modest valuation of his time in college. He is now about 25 years of age, theoretically fitted for dentistry, probably not fitted for anything else.

Early Problems Economic in Character

If he is not going to work in some established dental office, his first and most pressing problems are neither professional nor technical. Speaking generally, and always with exceptions, there are no cases awaiting his diagnosis and no teeth awaiting his fillings. His first problems are economic. He must get an office, attract patients, and earn some money.

There are immediately thrust upon him many problems which the chain store system would not think of trusting to a store manager, and which it divides among specialists each of whom may have had from twenty to forty years of special preparation. An office location must be chosen, equipment purchased and installed, patients attracted, fees established and collected, office policy and procedure organized and maintained, assistants trained, financial obligations assumed and met. In the chain stores these would involve the real estate, advertising, purchasing, financial, and personnel departments, each of which is highly developed. No one man would be expected to have suf-

ficient knowledge of so many problems.

The problems here listed as facing the dentist are entirely outside the field of professional and technical service. They do not visualize diagnosis, prescription, service, or supervision save as the selection and arrangement of equipment are suited to those ends.

ECONOMIC UNFITNESS

The recently graduated dentist is, generally speaking, wholly untrained to solve any of these problems in the way that would give him an equal start with the chain store for success in the business of practicing dentistry. He has been in school for nearly twenty years, with very slight chance for practical contact with life. He knows chemistry, physiology, histology, pathology, how to make fillings and inlays, and how to render prosthetic service. But none of these is of value in these problems, a wise solution of which may have as much to do with his professional and financial success as any solution he will ever make. This statement is borne out by the fact that, in New York City at least, the dentists who finally accomplish most are generally those who have spent at least five years in the office of a successful practitioner. That was their training period in the business of practicing dentistry.

LATER ECONOMIC PROBLEMS

When the problems of location and equipment have been answered, if not solved (they are usually best answered by the aid of a competent and conscientious dental dealer, of whom, let us be thankful, there are plenty), the young dentist is confronted with the other problems of attracting patronage. Here he is called upon immediately to develop out of his inexperience a finer skill and technique than all the departments of the chain store combined. The store buys in quantity for cash. Low prices are its slogan and newspaper space its means of attraction. If the young dentist expects ever to rise to professional recognition, he cannot use either. His appeal must be personal, and his success will depend upon his skill as a salesman, first of himself and then of his service, without any assertion of superiority over other dentists.

SOME INHERITED HINDRANCES

If we leave out of consideration the fact that some young graduates are unfitted to achieve success in dentistry, the business activities of those who are well fitted naturally are circumscribed by a code of ethics inherited from our professional forefathers and intended to protect the public and other dentists against activities unbecoming to a profession. Around this code, of which no criticism is intended, have grown up extra-legal and extra-ethical interpretations which are volubly and loudly proclaimed by many self-appointed leaders. Much can be said to show that these

interpretations have helped to place practice on an unsound basis, and that great benefit might result from better and more practicable interpretations.

Under all these conditions, and others for which there is no space here, it is not surprising that dentistry has not made for itself a better place in public esteem or that dentists have not, on the average, earned for themselves the financial rewards which some of us think proper for the professional man. Rather it is surprising that dentistry stands as well as it does, and that so many dentists have done so well.

Dental colleges generally have limited their instruction to the inculcation of professional knowledge and technical skill.

They have not thought it any part of their duty to teach the young dentist how to make a living by the practice of his profession or to give him anything more than a slight warning about the pitfalls along the way. Fifteen years ago I offered to every dental college in the United States a simple outline for elementary instruction in dental economics, suitable for the senior year in dental college. The necessary book would have cost each student twenty-five cents. Not one dental college expressed the slightest interest in such a course. During the last few years I have not kept in touch with the instruction offered in dental colleges; but, the last I knew, the courses in economics were not sufficient to train the young dentist for the decisions and acts on which, at least at first, his chances for success will greatly depend.

The dentist is, as Kent has so plainly and bravely told us, a business man, whether he likes that fact or not. Among his business qualifications salesmanship has a much greater place than it is usually accorded.

I can think of no dentists who are even reasonably successful financially who are not good salesmen. I cannot understand how any dentist can keep up with professional demands who is not at least moderately successful financially.

In other words, salesmanship is a broad first step toward the best type of success in dentistry. It is too bad that we are not better trained for proper professional salesmanship when we enter practice.

SUMMARY OF PREVIOUS ARTICLES

Two kinds of salesmanship can enter the business of practicing dentistry: (1) the kind proper to a profession, in which the profit to the buyer is greater than the cost; (2) high pressure, which is unjustified in a profession. The dentist is using the best kind of salesmanship when he proposes dental service that meets the patient's physical, social, and financial status.

The dentist has two things to sell: his personality which is the expression of his ideals, his capacity, and motives; and also his service, which should include professional knowledge, technical skill, vision, and honesty. He must sell himself before he can sell his service. He ought to have something more than merely himself to sell.

W. LINFORD SMITH
Founder

ORAL HYGIENE

ARTHUR G. SMITH, D.M.D., F.A.C.D.
Editor

HEALTH PICTURES—PAST AND FUTURE

MAN has always been much interested in his diseases. Undoubtedly, these were for ages the most baffling of all his racial experiences. Though their origins must forever remain lost in the mists of an undecipherable past, we are forced to admit that the study of disease remains today one of the most interesting and absorbing problems still engaging the attention of mankind.

What are the outstanding differences between health and disease? What distinguishes our sensations under these two widely differing conditions?

In a state of health, the entire body is like a well built and well controlled automobile—going over the road lying before it without faltering. In such case, the body functions in a comfortable state of serviceable ease. When attacked by some malady this same body commences to fail in various ways. It is then functioning in a state of "dis-ease," a word which—by the way—survives even to the present day as the one term that covers all human ailments whatsoever to the average mind.

What is the outstanding characteristic of man—particularly of so-called civilized man? The answer is simple. *He is, undoubtedly, the toughest thing on earth. He had to be just that* in order to live long enough to become civilized. The somber shades of

oblivion have closed over the remains of the dinosaurs, the hairy mammoths, the sabre-toothed tigers, the carrier pigeons; yet man, the so-called weakling, survives and continues.

By the never to be reckoned thousands and millions, man has perished from plagues, been swept away by floods, starved by famines, decimated by wars, but never, by any, nor by all of these combined, has he been utterly destroyed as were many of those animals who were contemporaneous with him at the time of his long ago beginning on the earth.

In other words, the outstanding fact about all human disease is that, racially speaking, without exception we survive it, and, individually speaking, we often "get over it" no matter what treatment is given or omitted or by whom the remedies are administered or abandoned.

In man's age-old drift toward spontaneous recovery from disease can be found the explanation of the witch-doctors and the voodoo men of the past, as well as the latest health cult introduced by the most bizarre mystic from some land where neither health nor cash are so prevalent as are both of these in the U.S.A. Through uncountable centuries men fell ill, something was done—by somebody. Quite often recovery followed; ergo, the something which had been done was related to the recovery. Q.E.D.

The fact that many who were similarly "treated" did not recover in no wise shook the belief of the faithful in ages past, nor does it do so today with thousands of devout followers who are firmly convinced that at last the final delivery from man's age-old enemy disease is at hand. The survival of this blind faith is, of course, a direct inheritance from our primitive fanatic ancestors.

Today the health picture is changing with a rapidity undreamed of even a few generations ago. The grandparents of people now living were, in many cases, survivors of the last plague of Asiatic cholera

to sweep the United States. Many of us still remember the chilling headlines which chronicled the daily advance over the earth of the dreaded bubonic plague.

Presently they will all be deciphered, catalogued, and conquered, these diseases which, through the ages, have seemed to interfere with man's development and happiness. When that day dawns life will be different, at least.

How will we manage to put in our time? What will there be left which has the conversational or emotional "bite" inherent in our present discussions of our own diseases and those of our friends? Truly an appalling state of affairs to contemplate, but tomorrow—racially speaking—it will arrive.

To those who come after us must be left the task of building up a subject of as much interest to the remorselessly surviving and, no doubt, terribly bored race of human beings as was the topic of disease in a day which will then have become only a dim and far-off racial memory.

NEW VALUES

IN the rapidly changing world of today, a constant rearrangement of values must be noted and reckoned with.

Only a few years ago the only person who had a chance as an orator or public speaker was the barrel chested brother with vocal cords of sounding brass. In that not so distant day, lack of brains was less of a handicap to the spellbinder than lack of lungs.

Today the microphone and the amplifier have put the stentorian tones and the thundering periods of yesterday completely in the background; nor is this all that must be said on this subject.

The microphone, as its name indicates, is a most sensitive and wonderful instrument. It seems almost to possess a soul of its own. Loud and blurred speech

it renders as a jargon of cacaphony, horrid to the ear and indistinguishable as to meaning. With the accuracies and niceties of speech, however, the "mike" is at its best. These it picks up and renders clearly to the farthest corners of the largest hall, or, if need be, to the last outposts of a continent.

Thus is one more achievement noted in the long slow triumph of accuracy and precision over mere power and crude effort.

DENTAL JOURNALISM

Its Obligation and Its Future

THERE are over sixty thousand dentists in the United States. The A.D.A. lists, at present, some thirty odd thousand members. From this membership about ten per cent went to Buffalo, and registered at the seventy-fourth annual meeting. Of the three thousand one hundred and fifty-five thus certified as being in attendance, only about three hundred were on hand to hear President Martin Dewey's address, and only a slightly increased audience was present to hear Dr. H. E. Phillips deliver what was undoubtedly one of the ablest, most deeply significant, and keenly analytical papers read before the A.D.A. in recent years. (A review of this paper appears in this issue of ORAL HYGIENE.)

Such being the case, it requires only the simplest of calculations to arrive at the rather staggering fact that two of the most important papers on the recent Buffalo program were addressed to only *one half of one per cent* of the dentists of the country when and as delivered.

The messages which these papers carried were of equal importance to *all* dentists throughout the land —yet, only a negligible fraction of these men were on hand to hear them read.

Were there no further chance of reaching the entire profession for whom these messages were in-

tended, the outlook would be grave indeed, but just here dental journalism steps in to perform one of the most important of its many functions.

To the man back home the various publications in the field of dentistry carry the substance (though they cannot transmit the glamour and the charm) of all great, and many lesser, dental meetings. In no other way could a postgraduate course for an entire profession so continuous and comprehensive be carried on.

Probably in no calling has a more immediate and adequate journalistic service sprung into being contemporaneously with the profession itself, than in the case of dentistry.

The meetings of dental editors held in Buffalo just prior to the seventy-fourth annual session of the A.D.A. disclosed a body of trained, courteous, and scholarly men whose frankly expressed ideas and ideals left little to be desired as they discussed and faced their many problems and responsibilities for the upbuilding of the dental profession and the advancement of its services to the entire public. That these men had each a very high regard for his personal obligation in all such matters there can be no doubt.

Dental schools, dental societies, dental journals—on these three rests the responsibility of carrying on through the present strange and trying days so that, not only will our standards not be lowered, but rather measurably elevated and advanced by what is now being suffered by all of us.

Dental journalism has, of course, not been ideal in every phase of its development—few human institutions have, as a matter of fact—but no one can deny that the number of dental journals with ethical standards definitely below par is smaller today than ever before.

That there exists no royal road to success in any line is a truth long since worn threadbare. ORAL

HYGIENE is proud of its membership in the comparatively young family of dental publications. It freely admits its mistakes. Nor, in a human world, is it possible to promise that other mistakes may not be made in the future.

However, it is universally admitted that it is far better to permit openly the presentation of all sides of every question for free discussion rather than to formulate inflexible opinions on insufficient evidence, and then rule out all presentation of views not in accordance with conclusions so arbitrarily reached.

Regarding its own future and that of the profession which it seeks to serve ethically and adequately it has no fears; for, inherent in the fact of honest effort is the warrant of survival.

COMEDY

QUESTIONS at the Canadian border were nothing if not astonishing—particularly to those of us who were *unused* to such sudden and, more or less, intimate interrogation.

Just why every official was so tremendously interested in the place of one's nativity will forever remain a mystery, but, because of this apparently insatiable interest, the following incident took place.

The occupants of a car were being examined in the usual courteous manner, but the young lady on the back seat seemed not at all interested in the proceedings.

Suddenly an official finger was leveled definitely in her direction, and the terse inquiry snapped out, "Where were you born?"

Gasping for breath and grasping desperately for an answer the young lady finally delivered herself of this rather unusual reply, "Why—why—upstairs in the front room."

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

For Doctor Brotman

I have just finished reading "Doctors and Dentists"* by Dr. Robert H. Brotman and wish to congratulate him. The article is well written and I agree with him to the last word, as any self-respecting dentist should. I keep *Plain Talk* for April open at his article.

I suggest that you reprint this and send it to all dentists and physicians, requesting them to put it in a conspicuous place for the public to see.—EDWARD C. MEYER, D.D.S., *Mount Clemens, Michigan*

*ORAL HYGIENE, August, 1932, p. 1478.

Strength through Reciprocity

Since the dawn of mind, man has waged incessantly, and with great sacrifice and suffering, his battle against the great monster Ignorance; truly, one need shudder in such combat, for there is no more treacherous enemy in all the field of human endeavor than this dark monster.

God dealt kindly with us when he placed us upon this earthly stage in the dawn of understanding. Already the brilliant solar rays of Knowledge illumine our hearts; already the dark monster has been expelled from many dark recesses affording protection and in its place has come light and understanding. Still there are many dark crevices hiding in the human fabric, and we pray to our father God that these remaining caverns of darkness leave our midst forever.

Again I touch the point of my pen upon the vital spot of reciprocity!* Again I point out the injustice of a divided country to a professional people! Why must heavy doors of state boundary lines shut off the rest of the land from learned professionals? The medical and legal professions seem to have overcome the difficulty, for already a physician or lawyer can

*ORAL HYGIENE, November, 1930, p. 2422.

practice by reciprocity in some forty odd states in this country; and by reciprocity, I mean no examination whatsoever; just a good standing in the state and two or three years' practice.

Only the dental profession is like the dog in the manger, afraid of its own professional brother. It is disgusting to read every now and then of the great need of state board vigilance over dental practitioners of other states who seek admittance into the holy realm, and how Doctor Smith prepared a cavity the wrong way and proved himself an incompetent. As long as the human race will live, as long as civilization will progress, so long will there be competents and incompetents.

Cannot you dentists see that absolute reciprocity will strengthen our profession and not weaken it; that it will bring us closer together and make us more powerful; that it will raise the standards of our educational institutions, and give us better men?

We are one people and must live one life. To be selfish means disaster, not to others but to ourselves.

The legal and medical men have a trust as great and greater than ours, and yet their greater enlightenment teaches them not to fear each other, but to embrace each other.

I say, "How wonderful to have every state board issue a federal license"; but, ah! that is a dream, and one well worth dreaming of.

Wake up, you men asleep! For there is much work ahead of you, not to ease your own burdens, but to make lighter the burdens of your brethren!—LOUIS R. SEIGEL, LL.B., LL.M., D.D.S., *Cleveland, Ohio*

Another Cover-to-Cover Reader

I have been a reader of ORAL HYGIENE for a number of years and, believe me, I read it from cover to cover. You should be commended for your efforts in trying to give us an education in ethical economics and for your fight to rid the profession of the charlatan.—CHARLES H. FARER, D.D.S., *New York, New York*

Dental Scrapbooks

I am very much interested in the ORAL HYGIENE articles* concerning Dr. C. N. Johnson, and would like to get six copies of the story to use in scrapbooks which embrace pictures and obituary notices of all deceased dentists, also pictures of living dentists, together with speeches by or articles concerning them.

I have already compiled several of these scrapbooks and given three to the library at the medical center in New York City; two to the Dr. Gaylord Medical and Dental Library. I am now compiling several more of these volumes, to be given to

*ORAL HYGIENE, June, 1932, p. 1116; July, 1932, p. 1338.

the University of Pennsylvania, and to one or two other universities not definitely decided upon.

My idea is to have these so complete that when anyone wishes to learn any particular about a dentist, he has only to refer to these volumes. The books already completed are regarded very highly and are the only ones of similar character in existence.—S. C. G. WATKINS, D.D.S., *Montclair, New Jersey*

Historic Forceps

I have a pair of extraction forceps made over sixty years ago by Leopold Bock, blacksmith for General Custer on his fatal Reno Expedition, which I will be glad to sell to some one who makes a hobby of collecting old or unusual dental instruments. — L. C. LAHM, D.D.S., *Lorain, Ohio*

Something for Nothing

It is a common trait of mankind to want something for nothing. The alchemists for centuries sought some means of converting base metals into gold and many credulous people were victims of frauds. It is not always true that they who dance must pay the piper, but nevertheless, somebody has to pay him. The something you get for nothing has to be paid for by someone.

The economic condition of today is pinching the bank accounts of physicians and dentists about as heavily as those of any class in the country, perhaps more heavily than most. We have suffered and will continue to suffer until business conditions become more normal.

It is agreed by many that one of the major causes of our present demoralized condition is the enormous increase in government expense and in the number of government employees. It is stated that for every seven or eight persons gainfully employed, there is a government employee to be paid.

The time has come when the people realize that all of the many services performed for them by the government are not something for nothing, but that taxes must be levied to pay for these services. Even though we "soak the rich" with huge income taxes, leaving untouched the tax rate in the lower brackets, which the dentists occupy if they are fortunate enough to be in the income tax paying class, the tax burden is shifted by the corporations on to the public.

The army of government employees is like an old man of the sea around our shoulders, and the extravagant expenditures of the government form a millstone of taxes for us to bear.

Congress at present is like a rudderless ship. It is besought on one side to make huge appropriations for various purposes to stimulate business; and,

on the other hand, is told that the budget must be balanced, preferably with no increase in taxes, to restore confidence to business.

No matter which side you believe to be right, I think that nearly every one is agreed that there are many places where useless expenditures are being made. If all these leaks could be stopped, the difference would be felt in the amount of the taxes necessary.

It behooves every man who knows of such a leak to try to stop it, or, at least, to point it out. And there is one rather considerable leak which we, as dentists ought to stop. I refer to the payment by the Veterans Bureau for dental work which has developed in the past few years.

Just after the war, there is no doubt that there were many cases where dental defects were directly due to neglect or accidents during army service. The original appropriation with which to begin the work was only fifty million dollars. The idea was good at that time. But it provided some nice jobs for men to administer the work, and it looked like something for nothing to the veterans, so the practice has continued for year after year because nobody thought to stop it.

I find it hard to believe that any dentist can believe that dental defects now present in the mouths of veterans—fourteen years after the war—are due to their army service. What was a worth while and splendid service for a few years has become only a graft. Every time Congress appropriates a few millions for this work, the tax rate has to go up a fraction.

Congress will never cut off any service once offered unless somebody points out that it is unnecessary, and this is a case where the dentists should do the pointing. If every dental society in the country drew up a resolution pointing out the fact that dental defects of fourteen years ago would have long since been remedied, or would have caused the loss of the teeth involved before now, with a request that this dental service to veterans be limited to government hospitals, it might be that the next appropriation for this service would be materially reduced.

There is a further action which we can take to dry up this leak. The Veterans Bureau requires an affidavit from the veteran's dentist stating that, in the belief of the dentist, the defects were present at the time of the war, or were caused by army service. We like to be obliging, but, remembering that the veteran is not getting something for nothing, and that the bill is paid by the tax payers, just examine each such case carefully and *tell the truth* about the age of these dental defects.—BURKE W. FOX, D.D.S., *Charlotte, North Carolina*

By
ELLIS A. GOLDBERG,
D.D.S.

POSTOPERATIVE PAIN:

its Cause and Cure

POSTOPERATIVE pain, specifically postextraction, is not caused by laceration of tissue but by certain physical conditions that manifest themselves in the alveolar socket. A blood clot, food, rough margins of bone, etc., are the contributing factors that must be taken into consideration even before the extraction of the tooth is begun.

The truism that a clean tooth never decays may be said, in part, of a socket; *i.e.*, a clean socket never hurts. If, after an extraction, the socket is first syringed with a warm solution, preferably normal saline, and thus made clean, and if a sterile applicator of cotton is saturated with campho-phenique and the socket swabbed out gently, and the torn and lacerated tissue gently pressed together, the possibility of postoperative pain is greatly reduced, provided, in addition, the patient is instructed to keep the socket clean by using a cool salt wash and is told to return to the office twenty-four hours later at which time you repeat the treatment of syringing and swabbing.

It has been our custom to question the patient about the pain experienced. The answers received have been gratifying.

We have prepared an operating tray upon which are the following armamentaria:

1. Hypodermic syringe in glass sheath containing solution of glycerin and alcohol in equal

parts. 5 minims of Tr. Cudbeare for coloring.

2. Platinum needle.
3. Alcohol lamp.
4. Sterile applicators.
5. Talbot's glycero-iodine.
6. Campho-phenique.
7. Exodontia sponges.
8. Arkansas sharpening stone.

The platinum needle is preferred for three reasons: first, because of its great strength; second, because it can be sterilized in the flame; and third because it can be sharpened. Talbot's glycero-iodine is used to swab the point of injection because its consistency causes it to adhere to the area for a longer period and to repel the saliva.

The question that arises in most patients' minds when the syringe is to be used is the pain that will be caused by the injection of the needle. We all know that an extremely sharp blade will cut painlessly; and, by the same token, an extremely sharp needle will puncture the tissue the same way. Therefore, before the needle is flamed we place the bevel of the needle against the Arkansas stone and with a few steady movements, always keeping the bevel flat against the stone, make the needle sharp. A fine wire is then run through the needle to eliminate any filings that might have been forced into the needle. It is then flamed and ready for use.

The technique followed in this preoperative prevention of postoperative pain is simple. It follows:

1. Load syringe; sharpen needle, clean out filings.
2. Apply Talbot's glycero-iodine to area of puncture.
3. Flame needle to cherry redness, allow to cool in air.
4. Extract.
5. Wash out socket with warm saline solution. (The present-day operating unit is equipped with a heater.)
6. Swab out socket with campho-phenique, using drug freely.
7. Remove rough edges of bone with curette, gently press lacerated tissue into place with exodontia swabs and dismiss patient with instructions to use a cool, saline wash at home and then return in twenty-four hours for further treatment.

We must now consider the following thought: If postoperative pain should present itself, even after these precautions, what is the cause?

We have eliminated the obvious causes, and must now look further. The lacerations have healed and are not sore to touch. The socket is clean and is closing. The point of puncture is not sore, so we have thus accounted for all the usual reasons for postoperative pain. We then make roentgenographic studies of the area and find the socket dark and well-defined. Here is infection.

We go back over our treatment and find that our applicators, for instance, had not been sterilized after they had been wrapped. Here, therefore was the cause. Or, perhaps we find that the patient did not follow instructions at home and al-

lowed the socket to remain full of food after a meal. Therefore, it is easy to place the blame in its proper spot, for we have definitely proved that infection was the cause of the pain in this instance.

The cause of postoperative pain, where no complications such as dry socket, fracture, or nerve injury exist, is infection. With the tray such as we explained above, sterility is almost an assured fact. The contention that the micro-organisms of the mouth may enter the socket and cause the infection and pain can be discounted, for these organisms are native to the mouth and are mostly nonpathogenic. Secondly, the bleeding from the wound washes them from the socket; and, when the bleeding does stop, the resultant clot acts as a firm barrier. We hope to prove, by this reasoning, that the infection comes from an agent outside the mouth.

Postoperative pain can be controlled by such simple procedures as are herein outlined.

The amount of time spent in this preoperative prevention of postoperative pain is worth many times the time spent in the actual treatment of that pain.

To eliminate postoperative pain is a positive practice builder. We thus bring to mind an old truth: He goes fastest who goes slowly.

COACHES AND PLAYS FOOTBALL

Dr. J. Mostovoy, Philadelphia dentist, who coaches and plays with the professional football team known as the All-Phillies.

PEAKS *and* POKES

By FRANK A. DUNN, D. D. S.

I shall weary of you
When the sands on the shore
And the sea's boundless blue
And the tides are no more.

You will pale on my sight,
You will fail as my hope,
When the jewels of night
And the sun blindly grope.

When the heartbeat is stilled
Could my spirit pursue
Any way that it willed,
I would tarry for you.

Many two-dollar-amalgam dentists have forty-dollar-gold-inlay wives.

Did you ever meet any women dentists who were roughnecks? Never! Any men dentists? Any publishers? Dunt leff!

This column is tempted to touch on books, but some dentists protest that their wives won't give them time to read. If it were not for their excellent wives an army of dentists would be wearing celluloid collars.

Bill Williams, the gay raconteur [you mean racketeer—Mass], bounced a few off my head when he was in Cleveland lately.

At luncheon when I wrapped my four fingers and thumb around a goblet, said he with bitterest irony, "Do you know why a stem is put on a goblet?" And before I could answer (although I didn't know why), he continued, "For you to take hold of."

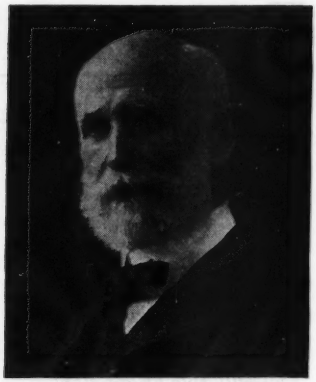
A moment later he asked if I had read *The History of Literature* by John "Drinketer." And again before I could answer he said, "Maybe you call him 'Drinkwater.'" Score two for Bill!

Then I spoke of a ró-de-o. Whereupon Bill remarked that he was fond of ro-day-os.

Ray Munn, sitting on the other side of Bill, didn't know any more about it all than I.

(But dictionaries give it ro-day-o, ro-dee-o, rodeo.)

"Money making comes from a rather low instinct." That line was in the autobiography of a famous man. It should comfort many of us.



A Reminiscence of G. V. BLACK

By
L. S. HUTCHINSON, D.D.S.

IT may interest dentists of today to relate an incident which showed the impartial fatherly kindness of Greene Vardiman Black, dean of dentistry, and which is still a pleasant memory to the writer of this article.

It was away back in 1903, almost thirty years ago, while I was a young dental student. The occasion was a state dental society gathering, the place a county seat in the middle west. Doctor Black was featured as the principal guest and speaker. I, being a resident, was familiar with the surrounding country, a fact which proved important to me. There were few forms of general entertainment in those days, the exceptions being picnics and baseball. People, then, were more leisurely and democratic.

I recall a beautiful, balmy June morning, one that called for a jaunt in the country. The visiting dentists were coming and going along the main street, buzzing like bees when grouped together.

I was standing at the side, too young to be important but not to enjoy watching the men of my chosen profession.

From out the throng came the beloved figure of Doctor Black, walking alone, looking neither to right nor left—apparently preoccupied. In the excitement of seeing, I had the courage to address him—for you may not know that even the elders of the profession stood quite in awe of his superior intellect and

character. I rushed up and said, "Hello, Doctor Black!"

He put his arm about my shoulder in his friendly manner and after a few preliminary remarks he suggested we go to the local livery and hire a rig for a few hours in the open country.

Fortunately, I knew every road and place of scenic interest, and the hours went rapidly by. I got Doctor Black back to the hall at one o'clock for his first lecture. Before alighting he insisted on paying for the taxi (if I may be pardoned for calling it that), saying, "It is my treat," for he had asked for my company. "But," he added, "tomorrow you may take me."

So the next day we took a new road. What did Doctor Black speak about on these drives, I hear some one ask, and how could a tyro dentist keep up a conversation with one so learned?

I was a bit timid, but that soon wore off for Doctor Black was interested in everything he saw. I would only have to point out some rising cliff at the road side, or forest more or less primeval, or flowing spring gushing from the rocky hillside, with its beds of water cress. He seemed to delight in the things of nature. He would guess the ages of different rock strata, name the various species of wild plants, and sometimes we alighted so he might study at close hand the time erosion of some miniature canyon along the drive.

He was well pleased with these jaunts; on the second day in his preliminary talk before the group of dentists, he expressed his thanks to the young man who had so kindly entertained him with the pleasurable drives, and he also spoke flatteringly of the interesting country thereabouts.

When I view the Black statue in Lincoln Park, Chicago, I feel a surge of thankfulness that I had the honor of his personal friendship.

OCTOBER DENTAL DIGEST WELL-BALANCED

Two most constructive technical articles are published in the October number of *Dental Digest*; namely, "A Method for the Construction of Large Inlays in Pulpless Teeth" by A. B. Adelson, D.D.S.; and the conclusion of Dr. Harold O. Brown's article, "The Esthetics of Facial Restoration."

The general practitioner will find that "Skin and Oral Lesions" by J. E. Schaefer, D.D.S., and "Roentgenographic Changes Following Root Amputations" by Irving Salman, D.D.S., are informative diagnostic articles.

A very interesting, practical article is "Contraindications for Nitrous Oxide-Oxygen Anesthesia" by S. G. Major, D.D.S., M.D. Other equally interesting features round out the issue.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Girl at game (watching huddle on field): "There, they're at it again! I do hope Bill won't repeat that story I told him last night."

Stranger: "I represent a society for the suppression of profanity. I want to take profanity entirely out of your life and—"

Jones: "Hey, Mother. Here's a man who wants to buy our car."

"Say, Bill, if you had five bucks in your pocket, what would you think?"

"I'd think I had somebody else's pants!"

"Didn't you have any luck at the races?"

"Luck! When my horse passed me I leaned over the fence, pointed, and yelled: 'They went up that way.'"

"Folks," said the colored minister, "the subject of my sermon dis evenin' am 'Liars.' How many in de congregation has done read the 69th chapter ob Matthew?"

Nearly every hand in the audience was raised immediately.

"Dat's right," said his reverence. "You is just de folks I want to preach to. Dere is no 69th chapter of Matthew."

He: "Who spilled mustard on this waffle, dear?"

She: "O, John! How could you! This is lemon pie!"

Salesman: "Ladies and gentlemen, I have here the famous flexible comb that will stand any kind of treatment. You can bend it double—you can hit it with a hammer—you can twist it—you can—"

Interested Listener: "Say, Mister, can you comb your hair with it?"

Dentist (to Patient complaining of a pain in upper first molar):

"There may be a pulp stone present."

Patient: "But, Doctor, I never eat berries."

He: "When I left my last boarding place, the landlady wept."

Landlady: "Well, I won't need to. I always collect the rent in advance."

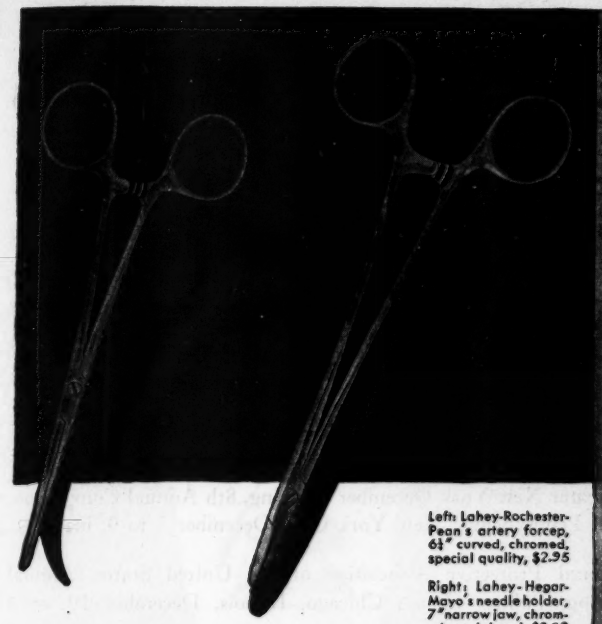
A man arrested for murder bribed an Irishman on the jury to oppose the death penalty, and hold out for a verdict of manslaughter.

The jury were out for a long time, and finally came in with a verdict of manslaughter. The man rushed up to the Irishman and whispered: "I'm tremendously obliged. Did you have a hard time of it?"

"The devil's own time, me lad. The other eleven all wanted to acquit you."

Inquisitive: "Do you think you've boosted your circulation by giving a year's subscription for the biggest potato raised in the country?"

Editor Brushville Eagle: "Maybe not, but I got four barrels of samples."



Left: Lahey-Rochester-Pean's artery forcep, 6½" curved, chromed, special quality, $2.95

Right: Lahey-Hegar-Mayo's needle holder, 7" narrow jaw, chromed, special qual., $3.20

●

Dr. Lahey's new lock, a distinct improvement in lock joint construction, is easily cleaned, does not jam, and holds jaws in true alignment. The edges are beveled towards the jaws and screw head is flush with lock surface, permitting passage of ligatures without hindrance.

Outstanding quality of workmanship and finish make Bard-Parker surgical forceps a wise selection for the discriminating. They are available in a wide variety of patterns with box, screw or the new improved Lahey lock. Ask your dealer about Bard-Parker forceps of the highest quality.

BARD-PARKER COMPANY, INC.
369 Lexington Avenue, New York, N.Y.

A BARD-PARKER PRODUCT

Dental Meeting Dates

Florida State Dental Society, 49th Annual Convention, Hollywood Beach Hotel, Hollywood, Florida, November 3 to 5, inclusive.

Odontological Society of Western Pennsylvania, 51st Annual Meeting, William Penn Hotel, Pittsburgh, Pa., November 8 to 10, inclusive.

Ohio State Dental Society, 67th Annual Meeting, Hotel Cleveland, Cleveland, Ohio, December 5 to 7, inclusive.

Greater New York December Meeting, 8th Annual Convention, Hotel Pennsylvania, New York City, December 5 to 9, inclusive.

Dental Protective Association of the United States, Annual Meeting, Palmer House, Chicago, Illinois, December 19, at 4 P.M.

North Dakota State Board of Dental Examiners, Gardner Hotel, Fargo, N. D., January 10 to 13, 1932, inclusive.

Minnesota State Dental Association, Golden Jubilee Meeting, Municipal Auditorium, Minneapolis, Minnesota, February 7 to 9, 1933, inclusive.

Michigan State Dental Society, 77th Annual Meeting, Civic Auditorium, Grand Rapids, Michigan, April 10 to 12, 1933, inclusive.

American Society of Orthodontists, 32nd Annual Meeting, Oklahoma City, Oklahoma, April 19 to 21, 1933, inclusive.

Tennessee State Dental Association, 66th Annual Meeting, Knoxville, Tennessee, April 27 to 29, inclusive.

Pennsylvania State Dental Society, 65th Annual Meeting, Bellevue-Stratford Hotel, Philadelphia, May 2 to 4, inclusive.